

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES PRYOR

2. DATE
OF

DEATH January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

FREDERICK

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Emmitsburg

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 1, 1951

9. AGE (in years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

CONTRACTOR

11. BIRTHPLACE (State or foreign country)

EMMITSBURG, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

ALLEN PRYOR

14. MOTHER'S MAIDEN NAME

LUCILLA WHITE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WORLD WAR 2

16. SOCIAL
SECURITY NO.

219-05-2988

17. INFORMANT

ADDRESS

Mrs Mary Pryor

Emmitsburg, Md.

18.

E 932.71

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injuries of chest

DUE TO

ANTECEDENT CAUSES

(B) Fractured neck

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

public place

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

University Hospital building

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 1, 1951 9.30a. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

fell from scaffold to roof of 1 story building

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Anderson

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Jan. 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JAN. 3, 1951

Mt. View

EMMITSBURG MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 21951

Stanley H. Anderson

S. L. Allison Emmitsburg

VS 151

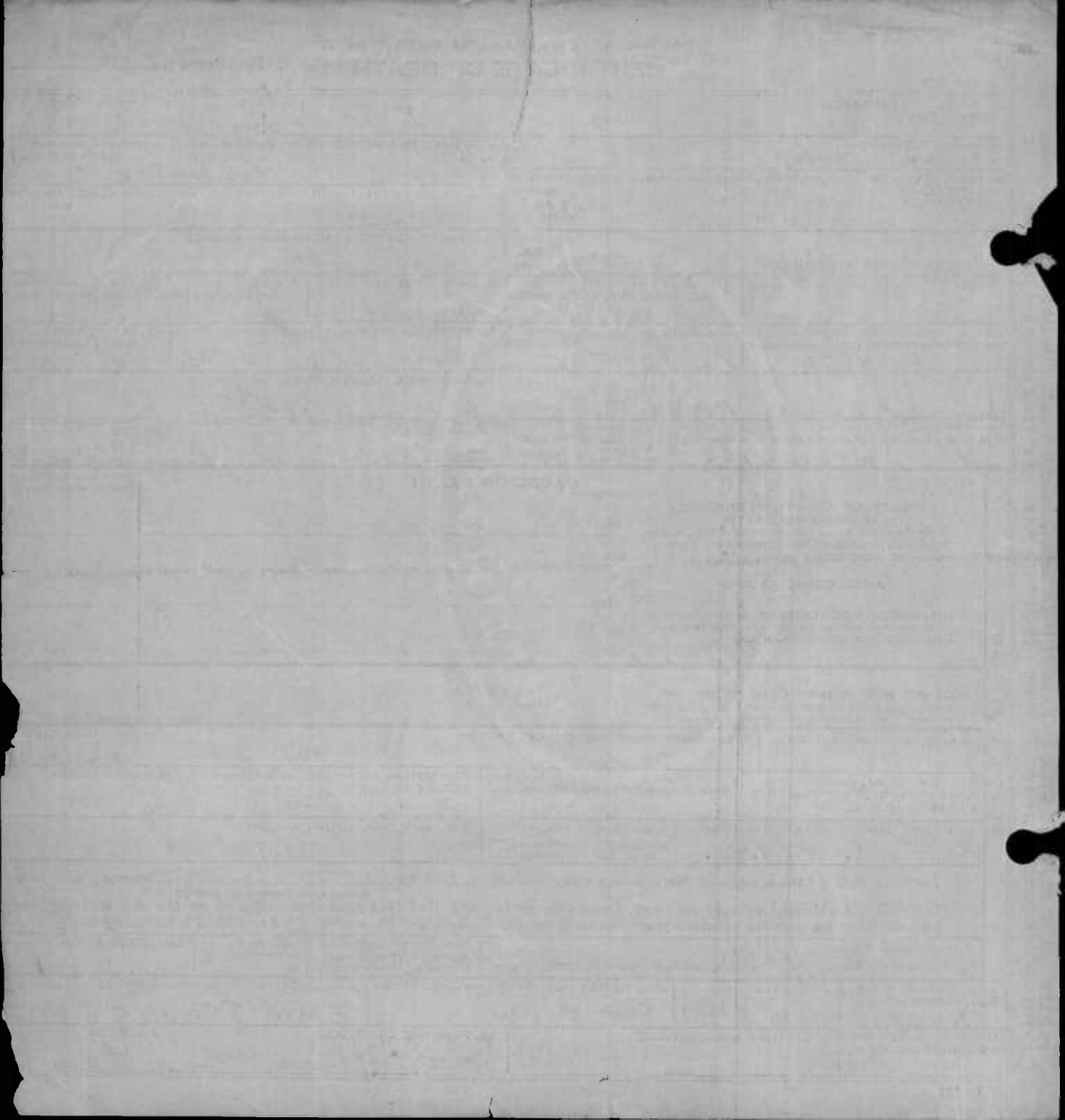
N-805.2

56424

186a L

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and applied. The



PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

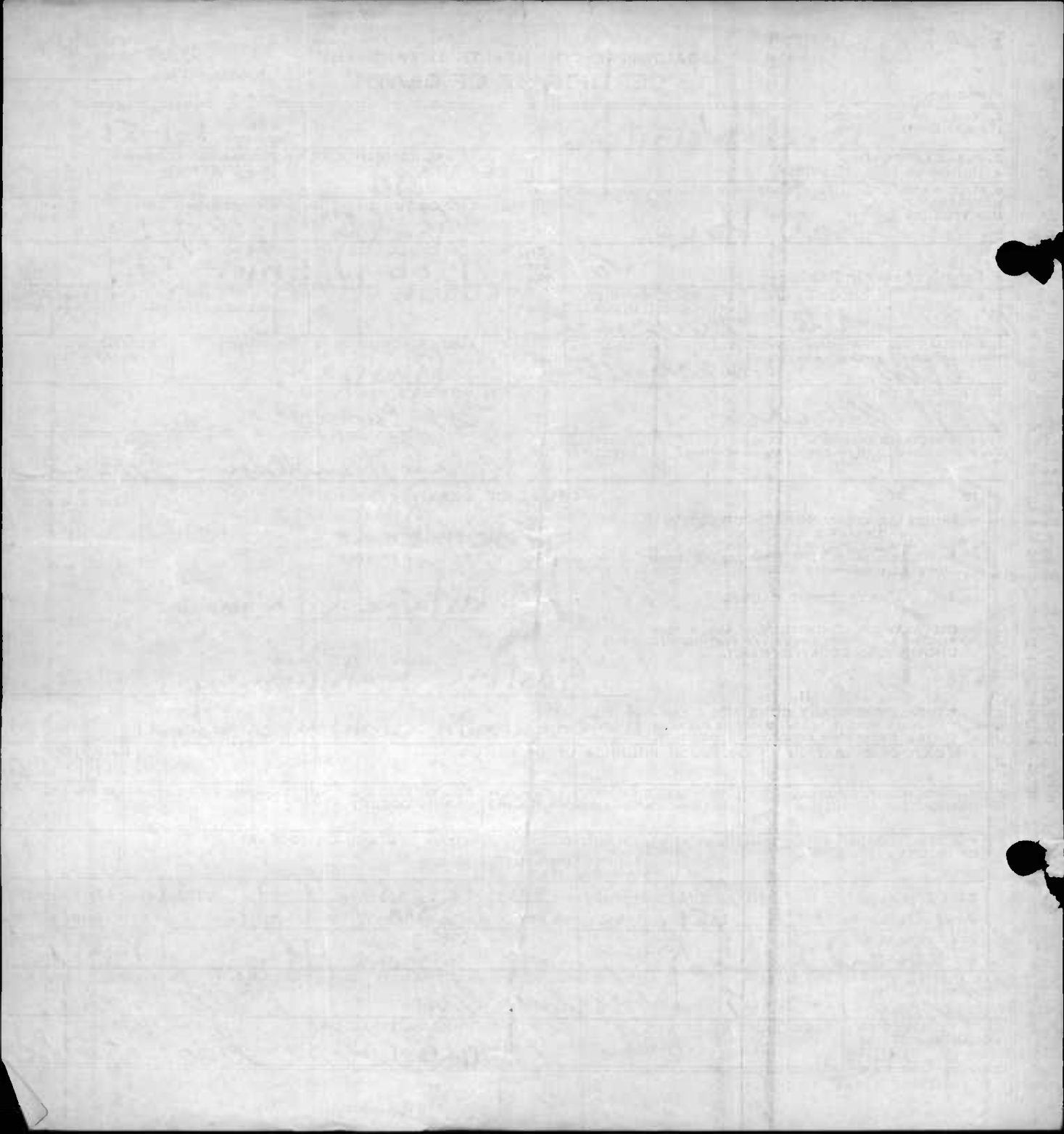
N-523 51-0002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0002

Registered No. _____

BIRTH NO. _____		
1. NAME OF DECEASED (Type or Print) <i>Isaac Weinstein</i>		
2. DATE OF DEATH <i>1-1-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp.</i>		
6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto 10-01</i>		
7. STREET ADDRESS (If rural, give location) <i>1200 N. Ensor St.</i>		
8. Length of stay in Baltimore <i>50</i> Yrs. <i>None</i> Days		
9. SEX <i>Male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
12. AGE (In years, last birthday) <i>75</i>		
13. BIRTHPLACE (State or foreign country) <i>Russia</i>		
14. CITIZEN OF WHAT COUNTRY? _____		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Self</i>		
16. KIND OF BUSINESS OR INDUSTRY <i>Shoe Store</i>		
17. FATHER'S NAME <i>Not Known</i>		
18. MOTHER'S MAIDEN NAME <i>Not Known</i>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		
20. SOCIAL SECURITY NO. _____		
21. INFORMANT <i>Sarah Weinstein</i> ADDRESS <i>Same</i>		
18. <i>151X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. <i>Metastatic Carcinoma</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Gastric malignancy</i> <i>Arteriosclerotic cardiovascular disease</i>		
19. DATE OF OPERATION _____		
20. MAJOR FINDINGS OF OPERATION _____		
21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <i>12-12</i> , 19 <i>50</i> , to <i>1-1</i> , 19 <i>51</i> that I last saw the deceased alive on <i>1-1</i> , 19 <i>51</i> , and that death occurred at <i>6:50 A.M.</i> , from the causes and on the date stated above.		
23. SIGNATURE <i>Leonard L. Hart</i> M. D. <i>Sinai Hosp.</i>		
23B. ADDRESS _____		
23C. DATE SIGNED <i>1-1-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		
24B. DATE <i>1-2-51</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Herring Run</i>		
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 2 1951</i>		
REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>		
25. FUNERAL DIRECTOR <i>Walter J. Williams</i> ADDRESS <i>2100 Eutan Pl</i>		



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

4400

51-0003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0003

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE HILL

2. DATE
OF
DEATH

JAN 1 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

820 N. MOUNT ST.

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1891

9. AGE (In years
last birthday)

60 yrs.

If Under 1 Year
Months Days

- - -

If Under 24 Hours
Hours Min.

- - -

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

dry kind of work laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Alabama

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Florence McKeesson

ADDRESS

1801 E. Fennell

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) SUB ARACHNOID HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PNEUMONIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 30, 1950, to JAN 1, 1951, that I last saw the
deceased alive on JAN 1, 1951, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

JAN 1, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial 1/4/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. West part Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 2 1951

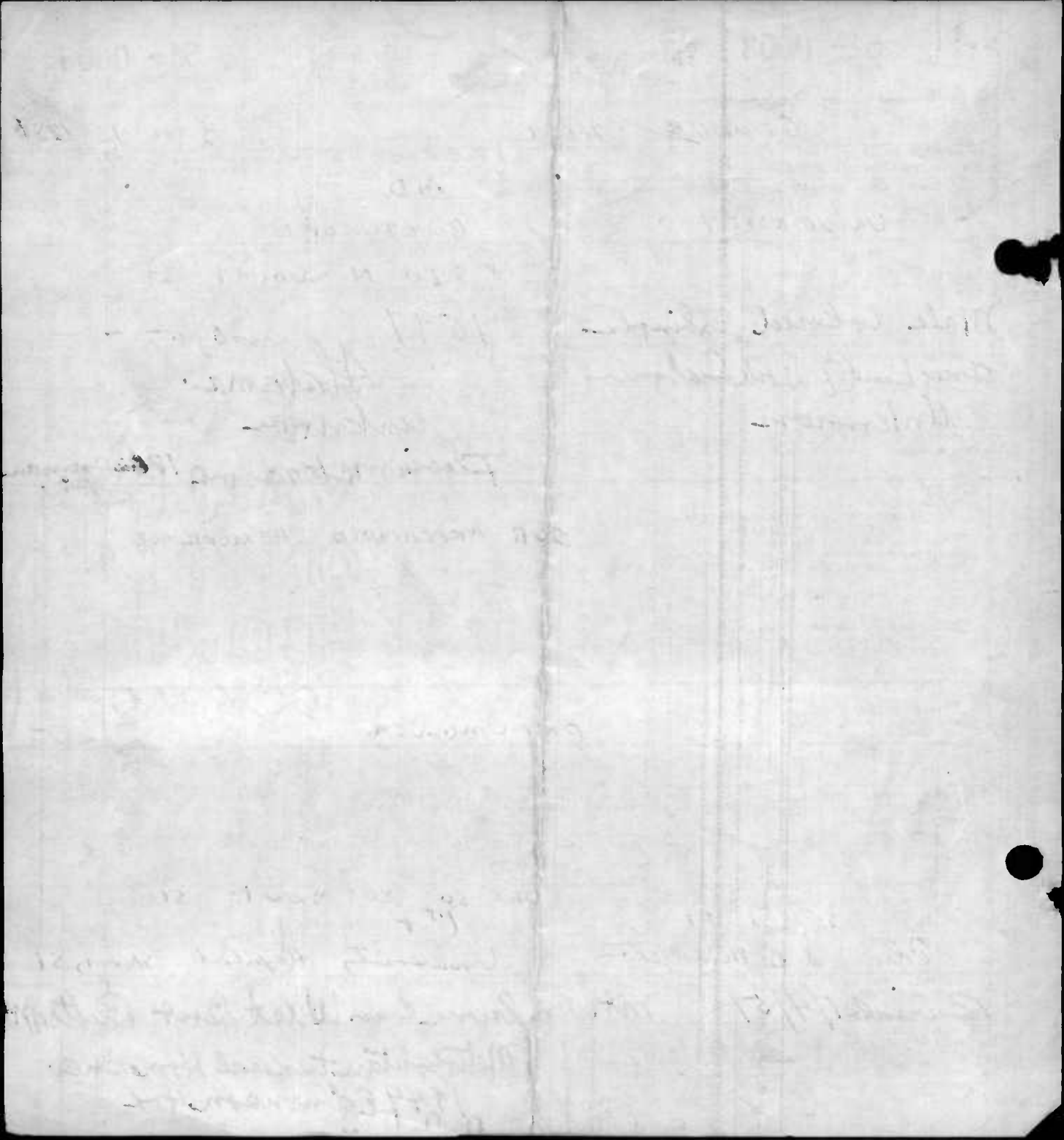
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Metropolitan Funeral Home Inc.

ADDRESS



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

5630 51-0004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-0004

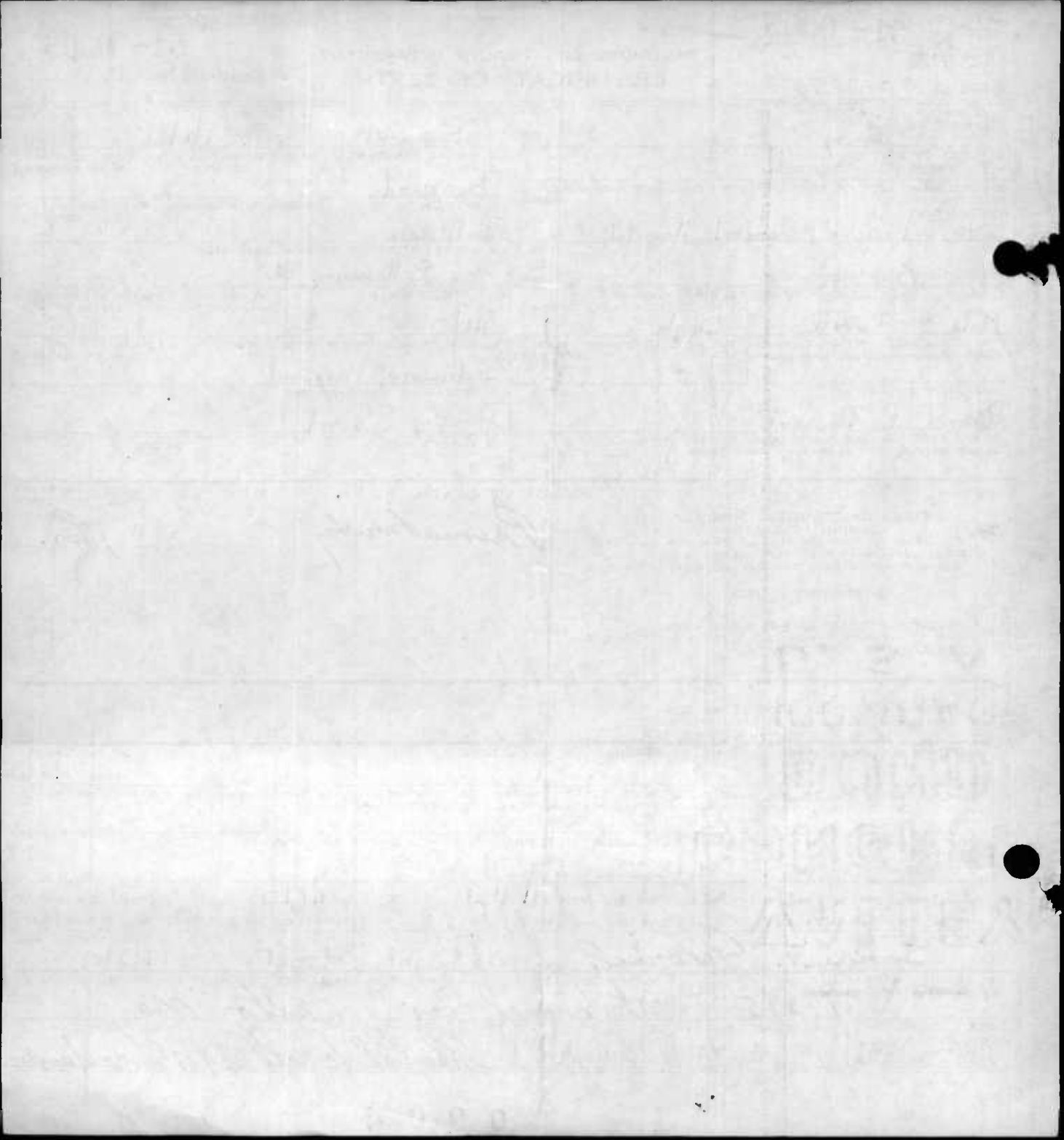
BIRTH NO.		1. NAME OF DECEASED (Type or Print) VIVIE SHORT		2. DATE OF DEATH January 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE DISTRICT OF COLUMBIA B. COUNTY V-48			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington			
E. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 914 Third Street N.E.			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/5/1923	9. AGE (In years last birthday) 27	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY gar.		11. BIRTHPLACE (State or foreign country) Washington, D.C.	
13. FATHER'S NAME Winfield Short		14. MOTHER'S MAIDEN NAME Mary Thomas		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Emily Griffin	
18. 8164 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of neck (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) U.S. route 1, 300 feet north Maryland of state route 32 in Guil-	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 1, 1951 8.15 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? 6300 ford Md. Accident Auto & auto head on collision	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Jan. 1, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) (State) Wash., D.C.		24E. FUNERAL DIRECTOR Chas. D. Jew		24F. ADDRESS 802 Madison Ave	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 2 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 802 Madison Ave	
VS 151		N-805.2		97099	
				170c ✓	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51- 0005		BALTIMORE CITY HEALTH DEPARTMENT		51- 0005	
BIRTH NO. 50-28787		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <u>Baby</u>		2. DATE OF DEATH <u>11/15/51</u>			
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>24-03</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>302 E. Hamburg St.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11/15/51</u>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>
13. FATHER'S NAME <u>Richard L. Bangert</u>		14. MOTHER'S MAIDEN NAME <u>Rosothy Swoord</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Prematurity</u> CAUSE OF DEATH DUE TO (A) <u>Prematurity</u> DUE TO (B) <u></u> DUE TO (C) <u></u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/15/51</u> , 19 <u>51</u> , to <u>11/15/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/15/51</u> , 19 <u>51</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Sherwin T. Goldreich</u> M.D.		23B. ADDRESS <u>1213 Light Street</u>		23C. DATE SIGNED <u>11/21/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>1/5/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel Cem.</u>	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JAN - 21 1951</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
24G. FUNERAL DIRECTOR <u>Charles P. Towell</u>		24H. ADDRESS <u>2427 Edmond Ave</u>		24I. VS 150	

19510220004

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Physicians: please write the causes of death clearly and in correct age is especially important.

G-12051-0006		CERTIFICATE CORRECTED 1-10-51		51-0006	
BALTIMORE CITY HEALTH DEPARTMENT.				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) KATHRYN N. GROSS			2. DATE OF DEATH January 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lansdowne		
D. STREET ADDRESS (If rural, give location) 126 Owen Avenue			E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1883	9. AGE (In years last birthday) 67 65	H Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		
11. BIRTHPLACE (State or foreign country) Kansas			12. CITIZEN OF WHAT COUNTRY? Unknown		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Sellers			ADDRESS Silver Springs		
18. E8164 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fracture of neck DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 1951					
19B. MAJOR FINDINGS OF OPERATION highway					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) U.S. route 1, 300 feet north of state route 32 in Guilford Md. 6500			21D. TIME (Month) (Day) (Year) (Hour) OR INJURY January 1, 1951 8.15a. m.		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Auto & auto head on collision		
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. W. H. Cook Inc.		
23C. DATE SIGNED Jan. 1, 1951			24. NAME OF CEMETERY OR CREMATORY Lansdowne, Penna.		
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal			24B. DATE I 2 51		
24C. LOCATION (City, town, or county) (State) Lansdowne, Penna.			24D. LOCATION (City, town, or county) (State) Lansdowne, Penna.		
DATE RECEIVED BY LOCAL REGISTRAR JAN - 2 1951			REGISTRAR'S SIGNATURE W. H. Cook Inc.		
25. FUNERAL DIRECTOR W. H. Cook Inc.			ADDRESS 1217 St. Paul St.		
VS 151 N-805. 2 4 5 1 0 0 0 0 0 0 5 170c ✓					

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-1-1938

PLEASE WRITE PAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DR. JOHN H. GROSS

2. DATE
OF

DEATH January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Pennsylvania

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lansdowne

D. STREET ADDRESS (If rural, give location)

126 Owen Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1884
June 7, 1885

9. AGE (In years
last birthday)

65 66

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clergyman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Findlay, Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. H. Gross

14. MOTHER'S MAIDEN NAME

Samantha Hickernell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Fellers

Silver Springs

18. 816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injuries of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

highway

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

U.S. route 1, 300 feet north
of state route 32 in Guilford, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
January 1, 1951 8.15 a.m.

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto & auto head on collision

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 1, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

I 2 51

24C. NAME OF CEMETERY OR CREMATORY

Lansdowne, Penna.

24D. LOCATION (City, town, or county)

Lansdowne, Penna.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 21951

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul St.

V S 151

1-862 * 9 5 10898W 0 0 0 6

170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B452 51-0008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51-0008

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUSIE B. BLANTNER

2. DATE
OF
DEATH

1-1-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

UNIV. HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SEVERNA PARK

D. STREET ADDRESS (If rural, give location)

5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug 1, 1898

9. AGE (In years last birthday)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

IND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ANDREW FISCHER

14. MOTHER'S MAIDEN NAME

MARGARET WEBSTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSP. RECORDS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

CEREBRAL VASCULAR DIS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIO SCLEROTIC HEART DIS.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-13, 1950, to 1-1, 1951, that I last saw the deceased alive on 12-29, 1950 and that death occurred at 10:04 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Starn

23B. ADDRESS

9 Wm. Hoob

23C. DATE SIGNED

1-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/4/51

24C. NAME OF CEMETERY OR CREMATORY

Westwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 21951

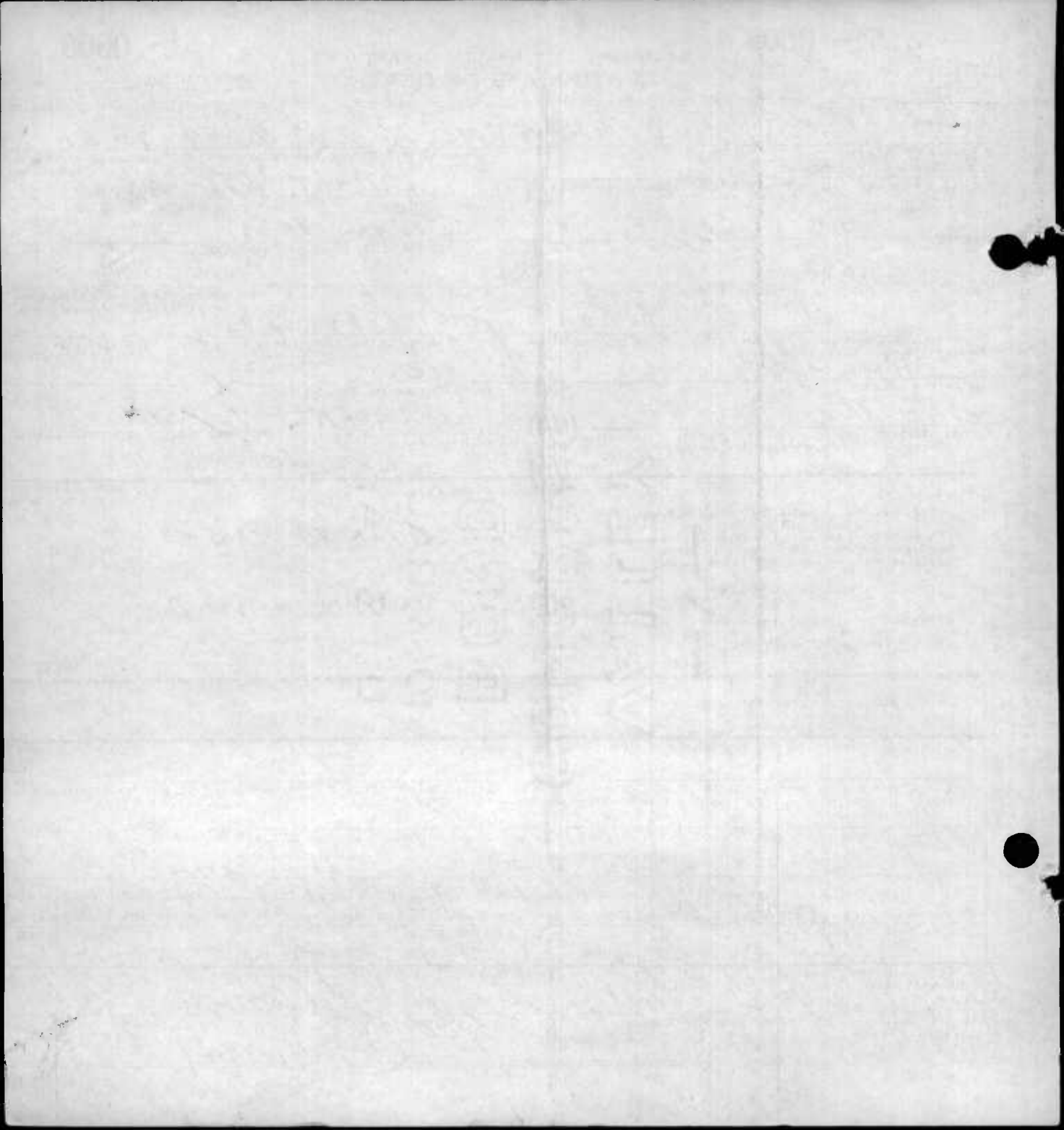
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FINAL DIRECTOR

John W. Starn

ADDRESS



PLEASE WRITE IN MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-15251-0009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0009

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Hayes Spence

2. DATE
OF
DEATH

Jan 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 11

13-06

D. STREET ADDRESS (If rural, give location)

3534 Kenwick Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 10, 1892

9. AGE (In years last birthday)

58

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

American Ice Co.

13. FATHER'S NAME

George A. Spence

(M)

14. MOTHER'S MAIDEN NAME

Florence Freeland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Marie Spence

ADDRESS

Home

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 28, 1950, to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS Union Memorial Hospital, Baltimore 18, Maryland

23C. DATE SIGNED

Jan 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/4/50

24C. NAME OF CEMETERY OR CREMATORY

Int Olivet

24D. LOCATION (City, town, or county)

Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 21951

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Chomowicz, 56541 Chestnut Ave.

ADDRESS

10-10-10

10-10-10

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF ENGINEERS
WASHINGTON, D. C.

10

10-10-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. 153- W-426 51-0010 CERTIFICATE CORRECTED 1-7-51				51-0010	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) CLEVELAND M. WALKER			2. DATE OF DEATH January 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE District of Columbia B. COUNTY V-48		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 660 Callan Avenue N.E.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1919	9. AGE (In years last birthday) 32	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver			11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clarence Walker			14. MOTHER'S MAIDEN NAME Elsie Westley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Grace Walker, 2531 Nye St. N.W. Wash. D.C.		
18. E816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of neck (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) U.S. Route 1, 300' north of state route 32, Guilford, Md. 6300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 1, 1951 8.15a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto & auto head on collision	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher			23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Jan. 1, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 1-2-51	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Washington, D.C.	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 21951		REGISTRAR'S SIGNATURE William M. Williams		25. FUNERAL DIRECTOR ADDRESS Hall Bros. 621 Fla. Ave N.W.	

V S 151 N-805.2 510000 Wash. D.C. 170c

MEDICAL CERTIFICATION

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1. Name of deceased: _____
 2. Sex: _____
 3. Age: _____
 4. Date of birth: _____
 5. Place of birth: _____
 6. Date of death: _____
 7. Place of death: _____
 8. Cause of death: _____
 9. Manner of death: _____
 10. Signature of attending physician: _____
 11. Signature of medical examiner: _____
 12. Signature of registrar: _____

13. Name of informant: _____
 14. Address of informant: _____
 15. Signature of informant: _____
 16. Date of completion: _____
 17. Registrar's office: _____
 18. County: _____
 19. State: _____

H400 51-0011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51-0011
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS HILL.

2. DATE
OF
DEATH

1/2/51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3.5 Church Home & Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

KENT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore. ROCK HALL

D. STREET ADDRESS (If rural, give location)

R. F. D.

6400

c. Length of stay in Baltimore

3

5. SEX

M.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

2/2/1897

9. AGE (In years
last birthday)

53

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter.

10B. KIND OF BUSINESS OR
INDUSTRY

DAY LABOR

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Herman Hill.

14. MOTHER'S MAIDEN NAME

Matilda Lowrey.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 782.7

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30/1950, to 1/2/1951, that I last saw the
deceased alive on 1/2/1951, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hosp. 1/2/51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

JAN. 4 1951

24C. NAME OF CEMETERY OR CREMATORY

Wesley Chapel Cem.

24D. LOCATION (City, town, or county)

ROCK HALL

KENT

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 21951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

J. Willis Wells

ADDRESS

Chestertown, Md.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Informant		12. Date of Entry	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-14551-0012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0012

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Henry Copland		Jan 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2103 McCulloch				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 14-03	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2103 McCulloch	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH March 9, 1876	9. AGE (In years last birthday) 74	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Pa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Maggie Brown			ADDRESS 2103 McCulloch		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral apoplexy DUE TO (B) Paralysis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH					
19. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/10/50, to 1/1/51, that I last saw the deceased alive on 1/1/51, and that death occurred at 4 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Blanche R. Butler		23B. ADDRESS M. D. Dr. J. H. S. C.		23C. DATE SIGNED 1/2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-4-51		24C. NAME OF CEMETERY OR CREMATORY Smithville	
24D. LOCATION (City, town, or county) Pa		24E. FUNERAL DIRECTOR Geo. G. Nelson		24F. ADDRESS 1303 Preston	
DATE RECEIVED BY LOCAL REGISTRAR JAN 2 1951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR Geo. G. Nelson	
				ADDRESS 1303 Preston	

VS 150

10510000011

83a

On Rhetor

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-565 51-0013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0013

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY ZIMMERMAN

2. DATE
OF
DEATH

January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 5-1918

9. AGE (In years
last birthday)

32

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Shell Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alfred Zimmerman

14. MOTHER'S MAIDEN NAME

Marie Gleichman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS
Sherwood

Mrs. Joyce Zimmerman - 1501

18. E816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Belvedere and Beauregard Avenues

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

December 31, 1950 11.15

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and truck collision

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunsicker

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Jan. 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/4/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 2 1951

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Harford Rd

V S 151

N-803.21 549066

1700 ✓

CERTIFICATE OF DEATH

FILE NO.

DATE

DECEASED

RESIDENT OF

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

SEX

AGE

RELIGION

ETHNIC ORIGIN

DATE OF INTERVIEW

INTERVIEWER

DATE OF ENTRY

ENTRY NUMBER

DATE OF FILING

FILING NUMBER

DATE OF REVIEW

REVIEWER

DATE OF REVIEW

REVIEWER

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DATE OF REVIEW

REVIEWER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-260
51-0014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51-0014

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Warren C. Fisher

2. DATE
OF
DEATH

1-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pikesville, 200

D. STREET ADDRESS (If rural, give location)

215 Belair Road

c. Length of stay in Baltimore

1 1/2 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 30/1883

9. AGE (In years last birthday)

67

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Advised paper hanger

10B. KIND OF BUSINESS OR INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William S. Fisher

14. MOTHER'S MAIDEN NAME

Katherine Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Harry F. Fisher 215 Belair Road

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-vascular accident

ONE TO

INTERVAL BETWEEN ONSET AND DEATH

20 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ONE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative hemorrhage and resection of terminal ileum and resection of terminal ileum 34 days

19A. DATE OF OPERATION
11-27-50

19B. MAJOR FINDINGS OF OPERATION

resection of distal ileum, caecum & ascending colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27-1950 to 1-1-1951, that I last saw the deceased alive on 1-1-1951 and that death occurred at 11:32 a. m., from the causes and on the date stated above.

23A. SIGNATURE

E. S. Broadbent

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

1-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 3/1951

24C. NAME OF CEMETERY OR CREMATORY

Harvard

24D. LOCATION (City, town, or county)

Harvard

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 2 1951

William S. Fisher

Harry F. Fisher 215 Belair Road

56524

10000013

83a

2100

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-650
51-0015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0015

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>WILBUR A. GREEN</i>		2. DATE OF DEATH <i>2 JANUARY, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore Co</i>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE Woodlawn</i>			
C. Length of stay in Baltimore <i>LIFE TIME</i>		D. STREET ADDRESS (If rural, give location) <i>DOGWOOD ROAD</i>		<i>5300</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Jan. 12, 1878</i>	9. AGE (In years last birthday) <i>72</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
13. FATHER'S NAME <i>George GREEN</i>		14. MOTHER'S MAIDEN NAME <i>LAURA ZIMMERMAN</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) <i>UNKNOWN</i>		16. SOCIAL SECURITY NO. <i>2-13-05-1151</i>		17. INFORMANT ADDRESS <i>Mrs. Mary E. Green, Dogwood Rd., Woodlawn</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>MYOCARDIAL INFARCTION</i> ANTECEDENT CAUSES DUE TO (B) <i>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</i> DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>14 Days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>29 DEC.</i> , 1950, to <i>2 JAN.</i> , 1951, that I last saw the deceased alive on <i>1 JAN.</i> , 1951, and that death occurred at <i>5:00 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph B. Workman</i>		23B. ADDRESS <i>Community Hospital</i>		23C. DATE SIGNED <i>2 Jan. 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 4, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Randallstown, Md.</i>		24E. NAME OF REGISTRAR <i>William H. Williams</i>		24F. NAME OF REGISTRAR <i>William H. Williams</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 2 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		ADDRESS <i>4510 Liberty Heights Ave.</i>	

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VALLEY

CO. 1000

1000

1000

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-16-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-0016

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maud A. MAUDE COULBY

2. DATE OF DEATH January 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-03

D. STREET ADDRESS (If rural, give location)
2612 N. Calvert Street

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 15, 1885

9. AGE (In years last birthday)

64 55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James M. Will

14. MOTHER'S MAIDEN NAME

Augusta Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Robert A. Coulby, 2612 N. Calvert St.

18. E812.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple rib fractures

DUE TO Fracture of pelvis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of left humerus

DUE TO

(C) Retro peritoneal hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Corner of Preston and St. Paul Sts.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 1, 1951 11 p. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by Balto. Transit Bus

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. South

23B. CHIEF MEDICAL EXAMINER.....

M.D. ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Jan. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-15-51

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. South

25. FUNERAL DIRECTOR

ADDRESS

72 Lexington Ave. New York, N.Y.

VS 151

N 808.2

51-0016 170c

BALTIMORE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Race		5. Date of death	
6. Place of death		7. Cause of death		8. Manner of death		9. Signature of physician		10. Signature of registrar	
11. Name of informant		12. Address of informant		13. City		14. State		15. County	
16. Name of funeral home		17. Address of funeral home		18. City		19. State		20. County	
21. Name of cemetery		22. Address of cemetery		23. City		24. State		25. County	
26. Name of undertaker		27. Address of undertaker		28. City		29. State		30. County	
31. Name of physician		32. Address of physician		33. City		34. State		35. County	
36. Name of registrar		37. Address of registrar		38. City		39. State		40. County	
39. Name of informant		40. Address of informant		41. City		42. State		43. County	
44. Name of funeral home		45. Address of funeral home		46. City		47. State		48. County	
49. Name of cemetery		50. Address of cemetery		51. City		52. State		53. County	
54. Name of undertaker		55. Address of undertaker		56. City		57. State		58. County	
59. Name of physician		60. Address of physician		61. City		62. State		63. County	
64. Name of registrar		65. Address of registrar		66. City		67. State		68. County	
69. Name of informant		70. Address of informant		71. City		72. State		73. County	
74. Name of funeral home		75. Address of funeral home		76. City		77. State		78. County	
79. Name of cemetery		80. Address of cemetery		81. City		82. State		83. County	
84. Name of undertaker		85. Address of undertaker		86. City		87. State		88. County	
89. Name of physician		90. Address of physician		91. City		92. State		93. County	
94. Name of registrar		95. Address of registrar		96. City		97. State		98. County	
99. Name of informant		100. Address of informant		101. City		102. State		103. County	

PLEASE WRITE PAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

H-656
51-0017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0017

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marianna King Horner

2. DATE
OF
DEATH

Jan. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

none

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Haven Nursing Home

4515 Garrison Blvd.

Maryland

none

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1509 Mt. Royal Ave.

C. Length of stay in Baltimore

85 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 21, 1865

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

George W. King

14. MOTHER'S MAIDEN NAME

Laura A. Bigson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. King Horner 29 Glyn Lake Ave.

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Arterio-sclerotic

(A) Due to Arterio-sclerotic disease severity

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1, 1948 to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951 and that death occurred at 1 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/3/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 2 1951

REGISTRAR'S SIGNATURE

John O. Mitchell, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

John O. Mitchell

VS 150

937

51-0018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51-0018

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

COLEMAN W. JACKSON

2. DATE

OF DEATH January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5509 Highgate Drive

c. Length of stay in Baltimore

32 yrs

Yrs.
Mos.
Days

5. SEX

white

6. COLOR OR RACE

male

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 11/89

9. AGE (in years

last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Candy Maker

10B. KIND OF BUSINESS OR INDUSTRY

Candy (with Wash Co. Sideser, Ala.)

11. BIRTHPLACE (State or foreign country)

Macon, Ala. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac R. Jackson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

yes.

(If yes, give war or dates of service)

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mabel Mace 5509 Highgate Drive

ADDRESS

Drive

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO Multiple fractured ribs and cerebral concussion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Park Heights and Rogers Avenues

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

December 21, 1950 6.30am.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Jan. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

Jan. 5/51

24C. NAME OF CEMETERY OR CREMATORY

Forest Home Cemetery Boaz, Ala.

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

ADDRESS

Loring Byers 5005 Ph 74166

JAN - 2 1951

151

N-852.1

569045

170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

WASHINGTON CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

15-0012

Name of Deceased [Faint, illegible text]		Date of Birth [Faint, illegible text]	
Sex [Faint, illegible text]		Race [Faint, illegible text]	
Usual Residence [Faint, illegible text]		Date of Death [Faint, illegible text]	
Cause of Death [Faint, illegible text]		Place of Death [Faint, illegible text]	
Signature of Physician [Faint, illegible text]		Signature of Registrar [Faint, illegible text]	

DEATH BY CERTIFICATE

Name of Deceased [Faint, illegible text]		Date of Birth [Faint, illegible text]	
Sex [Faint, illegible text]		Race [Faint, illegible text]	
Usual Residence [Faint, illegible text]		Date of Death [Faint, illegible text]	
Cause of Death [Faint, illegible text]		Place of Death [Faint, illegible text]	
Signature of Physician [Faint, illegible text]		Signature of Registrar [Faint, illegible text]	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN BEALE

2. DATE
OF
DEATH

January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

District of Columbia

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

638 L. Street N.E.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 14, 1931

9. AGE (In years
last birthday)

19

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Madison, Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John O. Beale

14. MOTHER'S MAIDEN NAME

Nancy E. Myrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nancy E. Hogan-638 L St., N.E., Washington, D.C.

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple fractures of extremities

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Shock

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

boulevard

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

U.S. Route 1 300 feet north of State Route 27-11

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 1, 1951 8.15a m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR? 32 in Guilford

auto & auto head on collision

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N827.0

78099

0000001180c

Wash. D.C.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51- 0020

BIRTH NO. 50-19957

1. NAME OF DECEASED (Type or Print) <i>Theodore Torrence Jr.</i>		2. DATE OF DEATH <i>Jan. 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-05</i>	
5. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1067 Board St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-20-50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. FATHER'S NAME <i>Theodore Torrence</i>		12. CITIZEN OF WHAT COUNTRY?	
13. MOTHER'S MAIDEN NAME <i>Mildred Smith</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

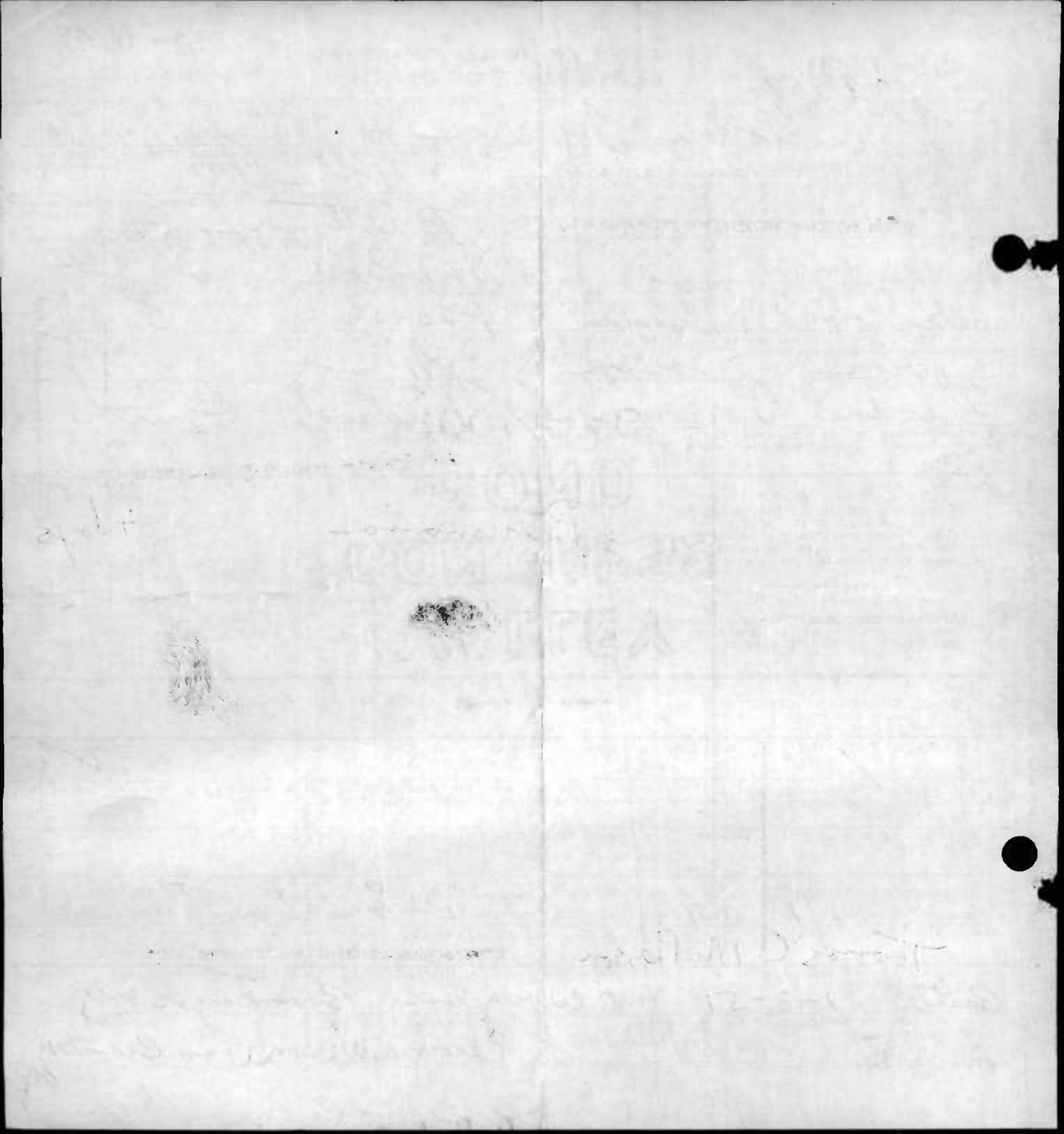
18. <i>493x</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i>		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>12/30</i> 19 <i>50</i> , to <i>1/1</i> 19 <i>51</i> , that I last saw the deceased alive on <i>1/1</i> 19 <i>51</i> , and that death occurred at <i>11-PM</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Thomas C. McPerson</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-3-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 2 1951</i>		REGISTRAR'S SIGNATURE <i>W. Williams</i>		25. FUNERAL DIRECTOR <i>Chrys. Wilson</i>
				ADDRESS <i>100 Brantly</i>

VS 150

1951000000

109B



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51- 0021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51- 0021

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA BELL

2. DATE
OF
DEATH

1/1/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Twilight Nursing Home
1913 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2841 Woodbrook Ave.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Fred Soott

8. DATE OF BIRTH

Nov. 9, 1869

9. AGE (In years last birthday)

81

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. Charles Dixon - 2403 E. Federal St.

18. 434.1 and E903.7
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) congestive heart failure

DUE TO

CERTIFICATION APPROVED BY

INTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Stanley H. Duescher M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

fracture left elbow
decubitus ulcer

2 mos

1 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

nursing home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1913 Eutaw Place

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Oct. 20, 1950 3:30 a.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

slipped and fell to floor

22. I hereby certify that I attended the deceased from Oct. 20, 1950 to 1-1, 1951 that I last saw the deceased alive on 12-31, 1950, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth, M.D.

23B. ADDRESS

2431 Maryland Ave.

23C. DATE SIGNED

1-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/3/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons Balto. Md.

ADDRESS

VS 150

Ho 4563
Re 334.

J. H. H.

1951 00000020 93E

8-10-1

RECEIVED
JAN 10 1961

10-10-1

10

10-10-1

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10-10-1

10-10-1

10-10-1

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-326

51-0022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0022

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE HENRY BEDSWORTH, JR.

2. DATE
OF

DEATH January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

lather

10B. KIND OF BUSINESS OR INDUSTRY

Plasterers

13. FATHER'S NAME

George H. Bedsworth, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

719-14-2461

17. INFORMANT

ADDRESS

Mrs. Ethel H. Bedsworth 3324 Virginia Ave

1B. E973x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

automobile

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

rear of 3324 Virginia Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found: Jan. 1, 1951 8 a. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hose led from exhaust to inside of car

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/4/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichenor & Son - Balt

JAN-2-1951

V S 151

N 968.0

1 0584 24

163M L Md.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Resident of

ROOM NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correct and legible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

51- 0023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51- 0023

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (ISAKAS) Isaac Rabinovich		2. DATE OF DEATH January 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Mexico B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 23 THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mexico 7-05	
C. Length of stay in Baltimore 2 weeks		D. STREET ADDRESS (If rural, give location) Av. Sonora - 136-E	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-10-19
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Steel	9. AGE (in years last birthday) 31
13. FATHER'S NAME Henry Rabinovich		12. CITIZEN OF WHAT COUNTRY? with out country	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT THE JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 570.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Intactable Ileus	4 days
ANTECEDENT CAUSES	(B) Secondary Shock	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12-27-50		19B. MAJOR FINDINGS OF OPERATION Nothing abnormal found		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-29 , 19 50 , to 1-1 , 19 51 that I last saw the deceased alive on 1-1 , 19 51 and that death occurred at 7 P m., from the causes and on the date stated above.					
23A. SIGNATURE William F. Riehl III M. D.		23B. ADDRESS THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Jan-2-51		24C. NAME OF CEMETERY OR CREMATORY Glendale Hermanos	
24D. LOCATION (City, town, or county) (State) Mexico City Mexico		25. FUNERAL DIRECTOR Earl B. Wolbertson		ADDRESS 122 B	
DATE RECEIVED BY LOCAL REGISTRAR JAN-2-1951		REGISTRAR'S SIGNATURE Arthur J. Williams, M.D.			

VS 150

2903A 403-E-25th St Baltimore 18-Md.

11

Secondary Shock
Tertiary Shock

12-23-70 Meeting of the Board

12-23-70 1-1

12-23-70 1-1

12-23-70 1-1

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-635

51-0024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-0024

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Laura Burton (Anne Laura Burton)

2. DATE OF DEATH Jan. 1, 1951
1-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women of Md.

C. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

cashier

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant - Housewife

13. FATHER'S NAME

Josh Washington Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-12-0545

17. INFORMANT ADDRESS
Walter Burton 2632 Wineduff Ave

Parkville Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 31, 1950, to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/1/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 2 1951

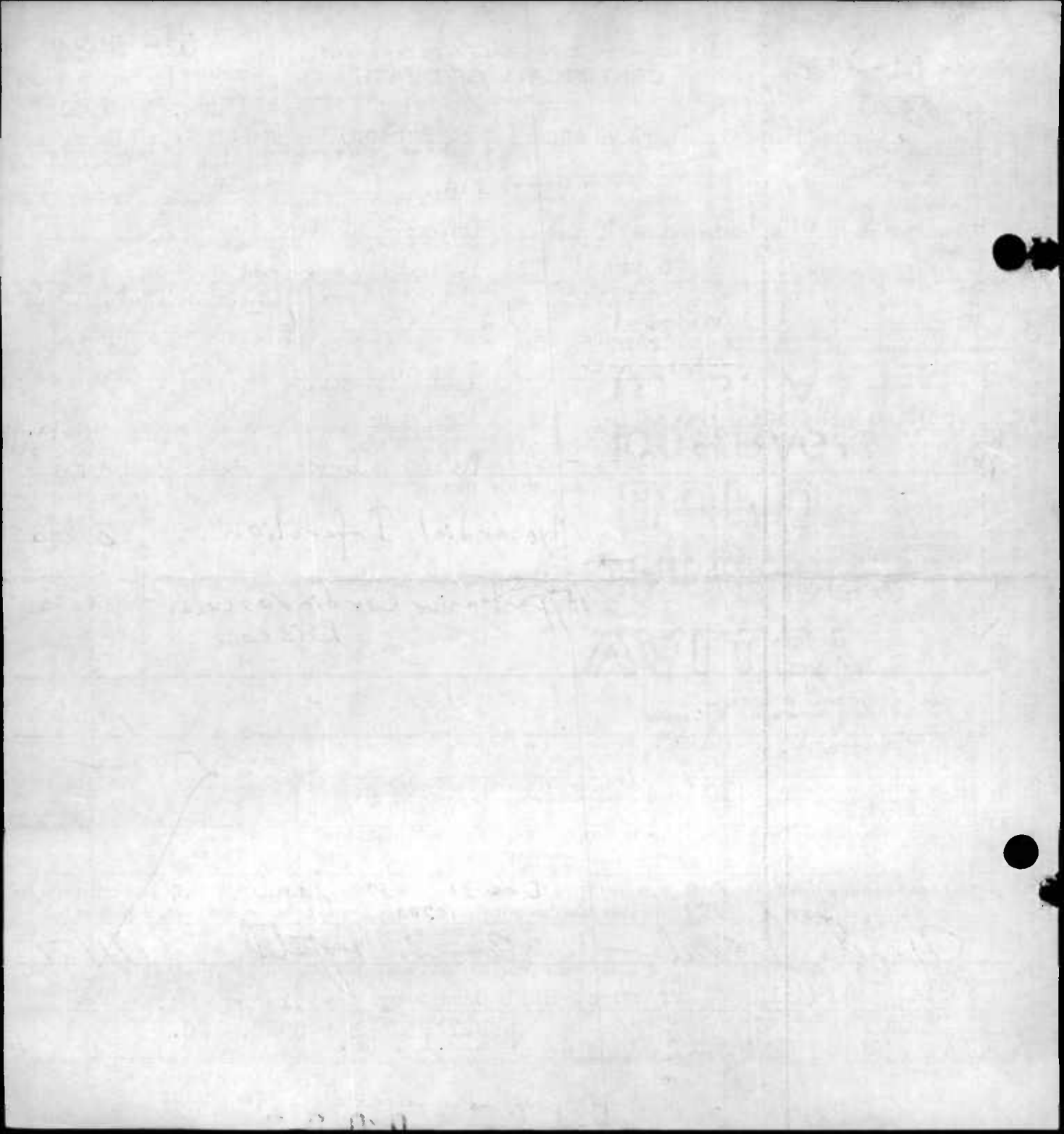
Huntington Williams, Jr.

HENRY SANDER & SONS, INC. BALTO. 13, MD.

VS 150

320 6M

93D



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				51-0025	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.				51-0025	
1. NAME OF DECEASED (Type or Print) MARJORIE TOBEY			2. DATE OF DEATH January 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New Jersey B. COUNTY V-27		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montclair		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) unh		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 17, 1893	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			11. BIRTHPLACE (State or foreign country) Sherburne, New York		
10B. KIND OF BUSINESS OR INDUSTRY Public Schools			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Fred Tobey			14. MOTHER'S MAIDEN NAME Ada Berry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Benedict-Fox Funeral Home			ADDRESS Sherburne N Y		
18. E816.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Crushing injuries of chest DUE TO ANTECEDENT CAUSES (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) U.S. route 1, 300 feet north of state route 32 in Guilford Md. 6300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 1, 1951 8.15a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto & auto head on collision	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher			23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D. William Cook Inc		
23C. DATE SIGNED Jan. 2, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Jan 2, 1950		24C. NAME OF CEMETERY OR CREMATORY Sherburne Episcopal New York	
24D. LOCATION (City, town, or county) (State) Sherburne, New York		24E. FUNERAL DIRECTOR William Cook Inc		24F. ADDRESS 1217 St Paul St. Bal	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 2 1951		REGISTRAR'S SIGNATURE William Cook Inc		25. FUNERAL DIRECTOR William Cook Inc	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52-15

51- 0026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51- 0026

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>John Patrick Kavanagh</u>		2. DATE OF DEATH <u>Jan 1 1957</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1705 Gough St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>2-02</u>	
c. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1705 Gough St.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 26 1872</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Payroll clerk</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Patrick Kavanagh</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Kavanagh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>20-05-57301</u>	
17. INFORMANT <u>John P. Kavanagh</u>		ADDRESS <u>4230 Parkside Dr.</u>	

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) <u>Cerebral thrombosis</u> DUE TO (B) <u>arteriosclerosis</u> DUE TO <u>arterial hypertension</u> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>yes?</u>
---	---	--

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Jan 1, 1957, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE <u>George J. Lippert</u>	M. D. <u>426 S. Patterson Park Ave</u>	23C. DATE SIGNED <u>1/2/57</u>
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Jan. 5, 1957</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>
--	----------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <u>JAN - 2 1957</u>	REGISTRAR'S SIGNATURE <u>Washington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John A. Moran</u>	ADDRESS <u>3000 E. Baltimore St.</u>
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AB-143536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Henry Jones (Johns)

2. DATE
OF
DEATH

1-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

2622 Flora St. zone 17

C. Length of stay in Baltimore

40yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 23-1887

9. AGE (In years last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Jones (Johns)

(D)

14. MOTHER'S MAIDEN NAME

Josephine Vanderville

15. WAS DECEASED
(Yes, no or unknown)EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT: Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Fibrosis, Etiology

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Gastro Intestinal Hemorrhage.

Site
Undertermined

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
11-22-5019B. MAJOR FINDINGS OF OPERATION
Diagnostic Skin Biopsy20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-20-1950 to 1-1-1951, that I last saw the deceased alive on 1-1-1951, and that death occurred at 1.20PM, from the causes and on the date stated above.

23A. SIGNATURE

L. Drogen

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto., Md.

23C. DATE SIGNED

1-2-51

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

1-5-51

24C. NAME OF CEMETERY OR CREMATORY

Fawcett Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. B. Johnson

25. FUNERAL DIRECTOR

J. B. Johnson

ADDRESS

Annapolis, Md.

VS 150

970895

1000026

114E

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

(continued from page 6)

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly written. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

M# 623
51 0028

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0028
51 0028
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HENA MORSTEIN		2. DATE OF DEATH 1-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3301 Clarke Lane		D. STREET ADDRESS (If rural, give location) 3301 Clarke Lane		E. LENGTH OF STAY IN BALTIMORE 50 Yrs. Mon. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 60	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Boleslaw Miller		14. MOTHER'S MAIDEN NAME Sophie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Maurice Morstein - Same		ADDRESS	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Acute Pulmonary Edema		2 hours	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Rheumatic Heart Disease		?	
		(C) mitral stenosis and insufficiency		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August , 19 50 , to 1-2 , 19 51 , that I last saw the deceased alive on 1-2 , 19 51 , and that death occurred at 6 A m., from the causes and on the date stated above.					
23A. SIGNATURE A. A. Johnson M. D.		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED 1-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-3-51		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR Jack Lewand		24F. ADDRESS 7100 Cantow Pl	

Massachusetts
1109 No Calvert #1
Rt 6065

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525
51 0029

MONSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0029
Registered 51 0029

1. NAME OF DECEASED (Type or Print) ABRAHAM MONSON		2. DATE OF DEATH 1-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 10 Yrs. 10 Mos. 10 Days		D. STREET ADDRESS (If rural, give location) Levindale	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked -		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital records		ADDRESS	

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) causal thrombosis DUE TO weeks	CAUSE OF DEATH arteriosclerosis DUE TO year	INTERVAL BETWEEN ONSET AND DEATH year
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. prostatic hypertrophy		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-24-43 to 1-2-51 , that I last saw the deceased alive on 1-2-51 , and that death occurred at 5:30 a. m., from the causes and on the date stated above.				
23A. SIGNATURE Henry Nagel		23B. ADDRESS Levindale Home		23C. DATE SIGNED 1-2-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-3-51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) Balto Md	(State)
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951	REGISTRAR'S SIGNATURE Wilmington Williams, Md	25. FUNERAL DIRECTOR Jack Lewis Mc	ADDRESS 2100 Ontario R	

7951020000
83B

1950 12

1950

1-5-2

102108

MFH988

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

0030

0030
51 0030

1. NAME OF DECEASED (Type or Print) MABEL MORGAN			2. DATE OF DEATH January 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 6-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 15 N. Broadway		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH May 15, 1905		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman			10B. KIND OF BUSINESS OR INDUSTRY Retail store		11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Joseph Moll		
14. MOTHER'S MAIDEN NAME Rebecca Watkins			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Gene Schirf, Timonium, Maryland		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 1, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 3, 1951		24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	
24D. LOCATION (City, town, or county) (State) Texas, Balto. Co., Maryland		DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 - 1951		REGISTRAR'S SIGNATURE William M. Williams, M.D.	
25. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland		ADDRESS			

WATSON CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

NAME: _____
 SEX: _____
 AGE: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____
 OCCUPATION: _____
 CAUSE OF DEATH: _____
 PLACE OF DEATH: _____
 TIME OF DEATH: _____
 SIGNATURE: _____
 DATE: _____

DEATH OF _____
 OCCURRED AT _____
 ON _____
 AT _____
 TIME _____
 CAUSE OF DEATH _____
 PLACE OF DEATH _____
 SIGNATURE _____
 DATE _____

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Theresa DuBois

2. DATE
OF
DEATH

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 33rd + Calvert St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2039 David Park Drive

c. Length of stay in Baltimore

2 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 8, 1943

9. AGE (In years
last birthday)

7

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Earl Charles DuBois

14. MOTHER'S MAIDEN NAME

Mary Wilmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

M. Earl A. DuBois 2039 David Park Drive

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Meningitis, meningococcal

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

(over)
Several hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 7:10 Am., from the causes and on the date stated above.

23A. SIGNATURE

Robert Davis Cox

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Jan 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-4-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cmn

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 3 1951

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

Geo. P. Beyer Jr 1512 Hollins St

ADDRESS

Balto. Md

6

See Document File 51-0031
1/10/1951
ES

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

320
51 0032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0032
51 0032
Registered No.

1. NAME OF DECEASED (Type or Print) Margaret Eva Guidice		2. DATE OF DEATH Jan. 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 221 N. Collington Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 221 N. Collington Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 82 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Henry Ochse		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow) (If yes, give war or dates of service) No.		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME --	
17. INFORMANT Paul Ochse		ADDRESS 2036 E. North Ave.	

18. **E902.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Skull Fracture**
DUE TO **Fall**

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension**
DUE TO **Generalized arteriosclerosis**

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

R. Fisher
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 221 N. Collington Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 11, 1950 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? cellar steps. Fall down	
22. I hereby certify that I attended the deceased from Dec. 11, 1950 to Jan. 1, 1951 , that I last saw the deceased alive on Dec. 29, 1950 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE K. Kulevich M. D.		23B. ADDRESS 244 N. Wilton St.		23C. DATE SIGNED 1/2/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan 4, 1951		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Colgate, Md.		25. FUNERAL DIRECTOR Ullrich Funeral Home		ADDRESS 2008 Orleans St.,	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 0033

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Henry Cross

2. DATE
OF
DEATH

1-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1500 Carroll St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 24, 1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (If deceased was
employed in a profession, trade, or occupation)

Master Clock

10b. KIND OF BUSINESS OR
INDUSTRY

US Navy Yard

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Cross

14. MOTHER'S MARDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unk.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

of lungs

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Primary tuberculosis (over)

(?)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute nephritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Jan. 2, 1951, that I last saw the
deceased alive on Jan. 2, 1951, and that death occurred at 440 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Richard Beach

23b. ADDRESS

Union Memorial Hospital

23c. DATE SIGNED

1-2-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 3 1951

William Williams, M.D.

1219 St Paul St

Case report card from Union Memorial Hospital - Dr. W. F. Cox 3rd
p. m. diagnosis: # 00065 CD dated 1/18/1951
"Miliary T B of Lungs"

1/22/1951 ES

W-263
51 0034

Wiechert
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

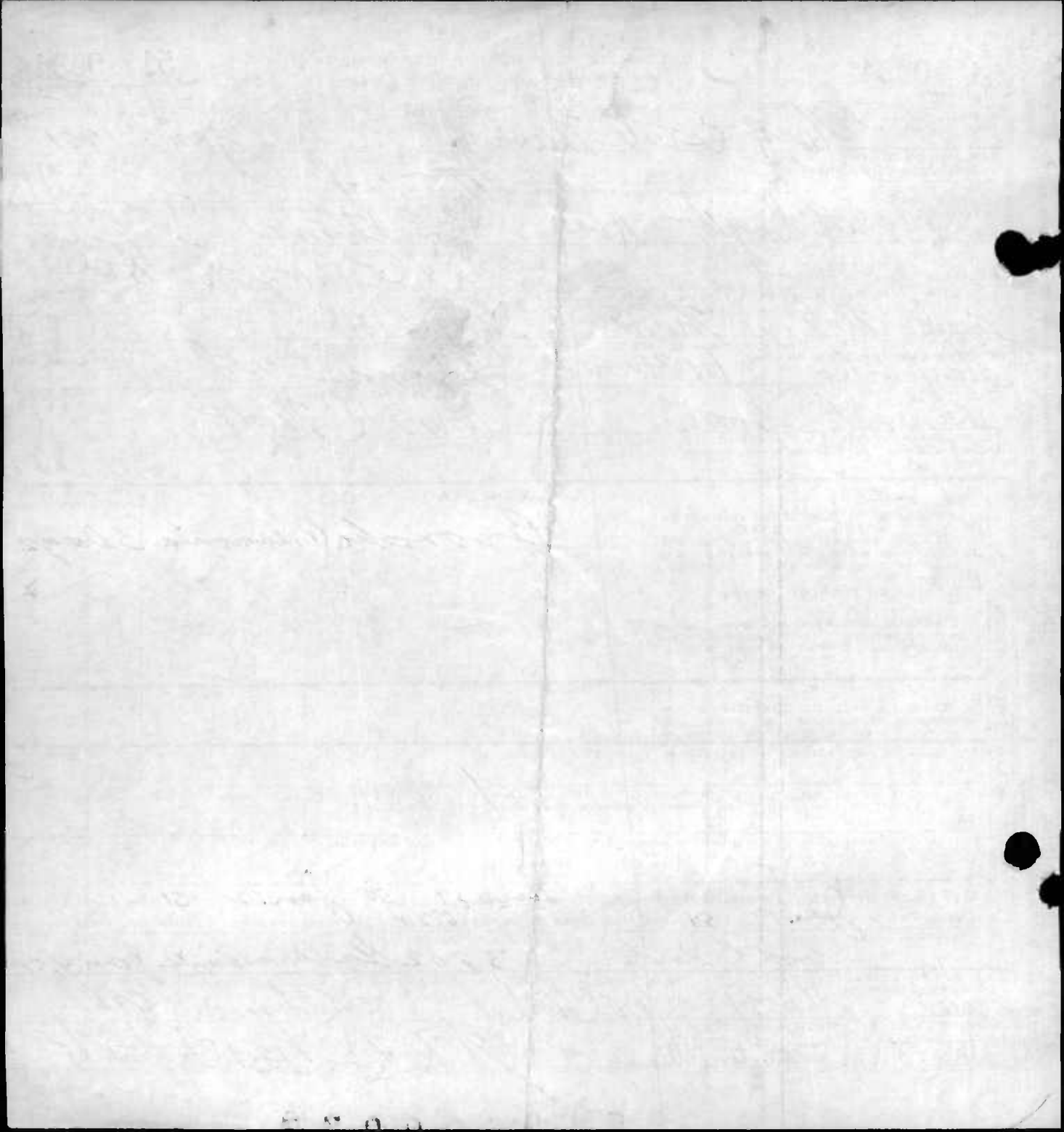
Registered No.

0034
51 0034

1. NAME OF DECEASED (Type or Print) <i>Mary Estelle Wiechert</i>		2. DATE OF DEATH <i>Jan 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>638 Parkwyth Ave</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>638 Parkwyth Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug. 5, 1868</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	9. AGE (In years last birthday) <i>82</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>	
13. FATHER'S NAME <i>Henry A Seim</i>		14. MOTHER'S MAIDEN NAME <i>Ann E Wright</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Broncho Pneumonia</i>	CAUSE OF DEATH (A) <i>Broncho Pneumonia</i> DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>3 Days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 31, 1950</i> , to <i>Jan. 2, 1951</i> , that I last saw the deceased alive on <i>Jan. 1, 1951</i> , and that death occurred at <i>6:30 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Log E. Saylor</i>		23B. ADDRESS <i>3902 Greenmount</i>		23C. DATE SIGNED <i>Jan 3, 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/4/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Ann Cathedral</i>	
24D. LOCATION (City, town, county) (State) <i>Baltimore Md</i>		24E. FUNERAL DIRECTOR <i>Wm. H. Saylor</i>		24F. ADDRESS <i>1214 St. Paul St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 3 1951</i>					
REGISTRAR'S SIGNATURE <i>William H. Saylor</i>					



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

3-8-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JOSEPH A GLOWACKI

2. DATE

OF

DEATH

1st

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Linthicum

D. STREET ADDRESS (If rural, give location)

Nursery Road

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 25, 1900

9. AGE (In years

last birthday)

50

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labour

10B. KIND OF BUSINESS OR INDUSTRY

Unemployed

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Glowacki

14. MOTHER'S MAIDEN NAME

Katherine Balter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. E936.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple subcutaneous ecchymosis involving

head, chest, and lumbar region

(C) Fracture of 3rd, 4th, & 5th right ribs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Nursery Rd., Linthicum

21D. TIME (Month) (Day) (Year) (Hour)

December 28, 1950 ? m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Injured during altercation

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

AA County Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

N 807.0

1 9 5 1 9 3 0 3 4

195E

DALLAS COUNTY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0000

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0036

BIRTH NO. 51 0036

1. NAME OF DECEASED (Type or Print) <u>JAMES R. LEWIS</u>		2. DATE OF DEATH <u>January 2, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>453 Roundview Road</u>		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>16 Oct 1895</u>
9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 Year Months _____ Days _____	
11. UNDER 24 Hours Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Labo</u>	
13. FATHER'S NAME <u>James R. Lewis</u>		14. MOTHER'S MAIDEN NAME <u>Gammie ?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>215-03-9288</u>	
17. INFORMANT <u>Mrs. Florence Lewis</u>		ADDRESS	

18. 420.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
William W. Williams

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐
23C. DATE SIGNED
Jan. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Buried

24B. DATE
Jan 7, 1951

24C. NAME OF CEMETERY OR CREMATORY
mt. Auburn

24D. LOCATION (City, town, or county) (State)
mt. Wm

DATE RECEIVED BY LOCAL REGISTRAR
JAN - 5 1951

REGISTRAR'S SIGNATURE
for William W. Williams

25. FUNERAL DIRECTOR
Joseph L. Russ

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Name of Deceased: *John Doe*
 Date of Birth: *Jan 1, 1900*
 Date of Death: *Jan 1, 1900*
 Place of Birth: *John Doe*
 Place of Death: *John Doe*
 Cause of Death: *John Doe*
 Signature: *John Doe*
 Title: *John Doe*
 Address: *John Doe*
 City: *John Doe*
 State: *John Doe*
 Country: *John Doe*

CAUSE OF DEATH

I hereby certify that the above is a true and correct statement of the cause of death of the above named person, as determined by the attending physician or other qualified person.
 Signature: *John Doe*
 Title: *John Doe*
 Address: *John Doe*
 City: *John Doe*
 State: *John Doe*
 Country: *John Doe*
 Date: *John Doe*
 Signature: *John Doe*
 Title: *John Doe*
 Address: *John Doe*
 City: *John Doe*
 State: *John Doe*
 Country: *John Doe*
 Date: *John Doe*

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0037

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES BRAUER

2. DATE OF DEATH

January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

729 S. Linwood Avenue

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

10-9-84

9. AGE (In years last birthday)
66 65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Foreman

10B. KIND OF BUSINESS OR INDUSTRY
Franklin Distillery

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Barbara Brauer

ADDRESS

729 S. Linwood Avenue

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-4-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

403 S. Wolfe Street

V S 151

51 0037

937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Wm. C. Minkus

DATE OF DEATH

Signature

Wm. C. Minkus

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

NORMAN L. JUBB, Jr.

2. DATE OF DEATH

Jan. 1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

447 N. Curley Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 27-1933

9. AGE (In years last birthday)

17

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Norman L. Jubb

14. MOTHER'S MAIDEN NAME

Edith B. Hillman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Norman L. Jubb

ADDRESS

447 N. Curley St.

18. E816.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Belvedere and Beauregard Avenues

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

December 31, 1950 11.15 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and truck collision

27/38

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 4/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 3 1951

REGISTRAR'S SIGNATURE

John L. Miller

25. FUNERAL DIRECTOR

John L. Miller

ADDRESS

2334 Jefferson Ave

V S 151

N-803.2

510

170c

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

1. Name of Deceased: *John Doe*
 2. Sex: *Male*
 3. Age: *45*
 4. Date of Birth: *1930-01-15*
 5. Place of Birth: *Baltimore, Maryland*
 6. Usual Residence: *123 Main St, Baltimore, MD*
 7. Date of Death: *1975-03-10*
 8. Time of Death: *10:30 AM*
 9. Place of Death: *Home*
 10. Cause of Death: *Heart Disease*
 11. Manner of Death: *Natural*
 12. Physician: *Dr. J. Smith*
 13. Burial Place: *Greenwood Cemetery*
 14. Date of Burial: *1975-03-15*
 15. Signature of Physician: *[Signature]*
 16. Signature of Registrar: *[Signature]*

17. Name of Deceased: *John Doe*
 18. Sex: *Male*
 19. Age: *45*
 20. Date of Birth: *1930-01-15*
 21. Place of Birth: *Baltimore, Maryland*
 22. Usual Residence: *123 Main St, Baltimore, MD*
 23. Date of Death: *1975-03-10*
 24. Time of Death: *10:30 AM*
 25. Place of Death: *Home*
 26. Cause of Death: *Heart Disease*
 27. Manner of Death: *Natural*
 28. Physician: *Dr. J. Smith*
 29. Burial Place: *Greenwood Cemetery*
 30. Date of Burial: *1975-03-15*
 31. Signature of Physician: *[Signature]*
 32. Signature of Registrar: *[Signature]*

Aug

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

0040

1. NAME OF DECEASED
(Type or Print)

Edgar L. Crockett

2. DATE
OF
DEATH

Jan. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

177 Cromwell St.,

E. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 5, 1885

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Consolidated Eng.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Crockett

14. MOTHER'S MAIDEN NAME

Mary Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-03-8105

17. INFORMANT

ADDRESS

Mrs. George Redgrave 2521 Lauretta A

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio-Vascular
Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kemmer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-4-51

24C. NAME OF CEMETERY OR CREMATORY

Reisterstown Methodist

24D. LOCATION (City, town, or county)

Reisterstown, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 3 1951

REGISTRAR'S SIGNATURE

Anthony J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 151

9540000039

93D

100

STATE OF TEXAS

1880

1

100

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425
51 0041
50-28763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

0041
51 0041

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anne Marie Tilghman

2. DATE
OF
DEATH

January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex

D. STREET ADDRESS (If rural, give location)

1812 Crestview Ave.

C. Length of stay in Baltimore

3 da.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

F.

W.

Single

December 29, 1950

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Richard Henry Tilghman

14. MOTHER'S MAIDEN NAME

Kathrine Claire Thumser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 29, 1950 to January 1, 1951, that I last saw the deceased alive on Jan. 1, 1951 and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 3 1951

William F. Baldwin

1100 N. Caroline St.

Jan. 1, 1951

VS 150

195100000040

159

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-300
51 0042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0042
51 0042
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Hoyt Rheua A. Scott		1/2/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 236 Linden Ave. 5200			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-19-81	9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Illinois	
13. FATHER'S NAME -- Hoyt		14. MOTHER'S MAIDEN NAME unknown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Richard H. Scott 236 Linden Ave. #4	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Pericarditis (B) anterior myocardial infarction (C) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH Unknown " " "
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus & acidosis		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-51 to 1-2-51, that I last saw the deceased alive on 1-2-51 and that death occurred at 9:00 am., from the causes and on the date stated above.					
23A. SIGNATURE Miguelita Louisa Cadde		23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 1-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 1/3/51		24C. NAME OF CEMETERY OR CREMATORY La Grange	
24D. LOCATION (City, town, or county) (State) La Grange, Ill.		DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Jm. J. Pickner & Sons		ADDRESS 61 Md.			

1 2 5 1 0 0 0 0 0 4 1

636

51 0043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0043
51 0043
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robt. Archie Carrothers

2. DATE OF DEATH

1-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Med. Gen. Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Night Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Auto repair

13. FATHER'S NAME

Robert Carrothers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Emma S. Carrothers ADDRESS *2305 Lauretta Ave*

18. *600.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Ascending pyelonephritis*
DUE TO

(C) *Cystitis*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Chr. Choleystitis & lithiasis
Interventricular septal defect*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-16*, 19*50* to *1-2*, 19*51*, that I last saw the deceased alive on *1-2*, 19*51*, and that death occurred at *11* a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. K. Brenden

23B. ADDRESS

Med. Gen. Hosp

23C. DATE SIGNED

1-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county) (State)

Bellevue Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 3 1951

REGISTRAR'S SIGNATURE

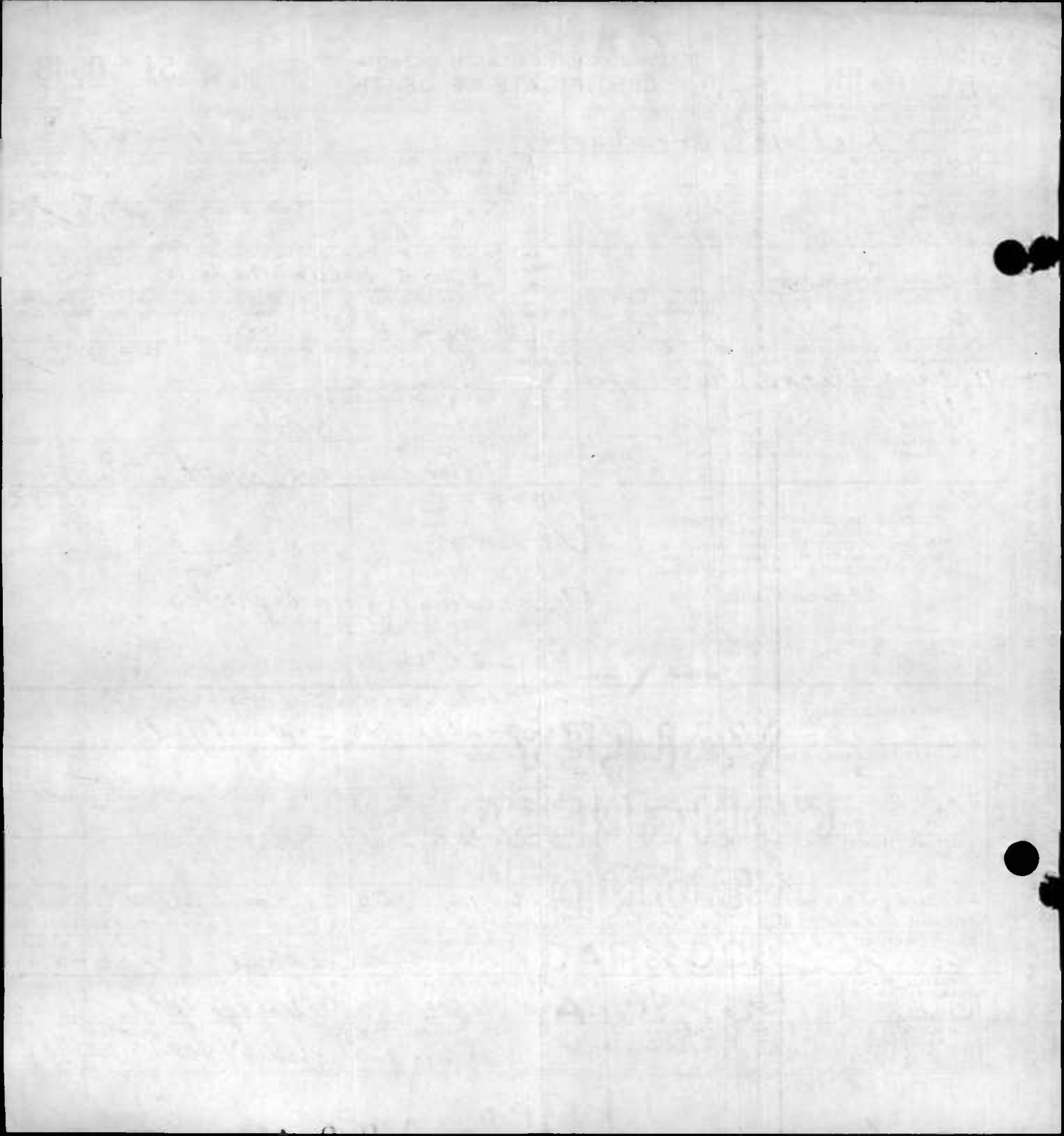
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons - Balto Md.

ADDRESS

Balto Md.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians are especially important. correct age is especially important.

Joy
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0044

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51 0044

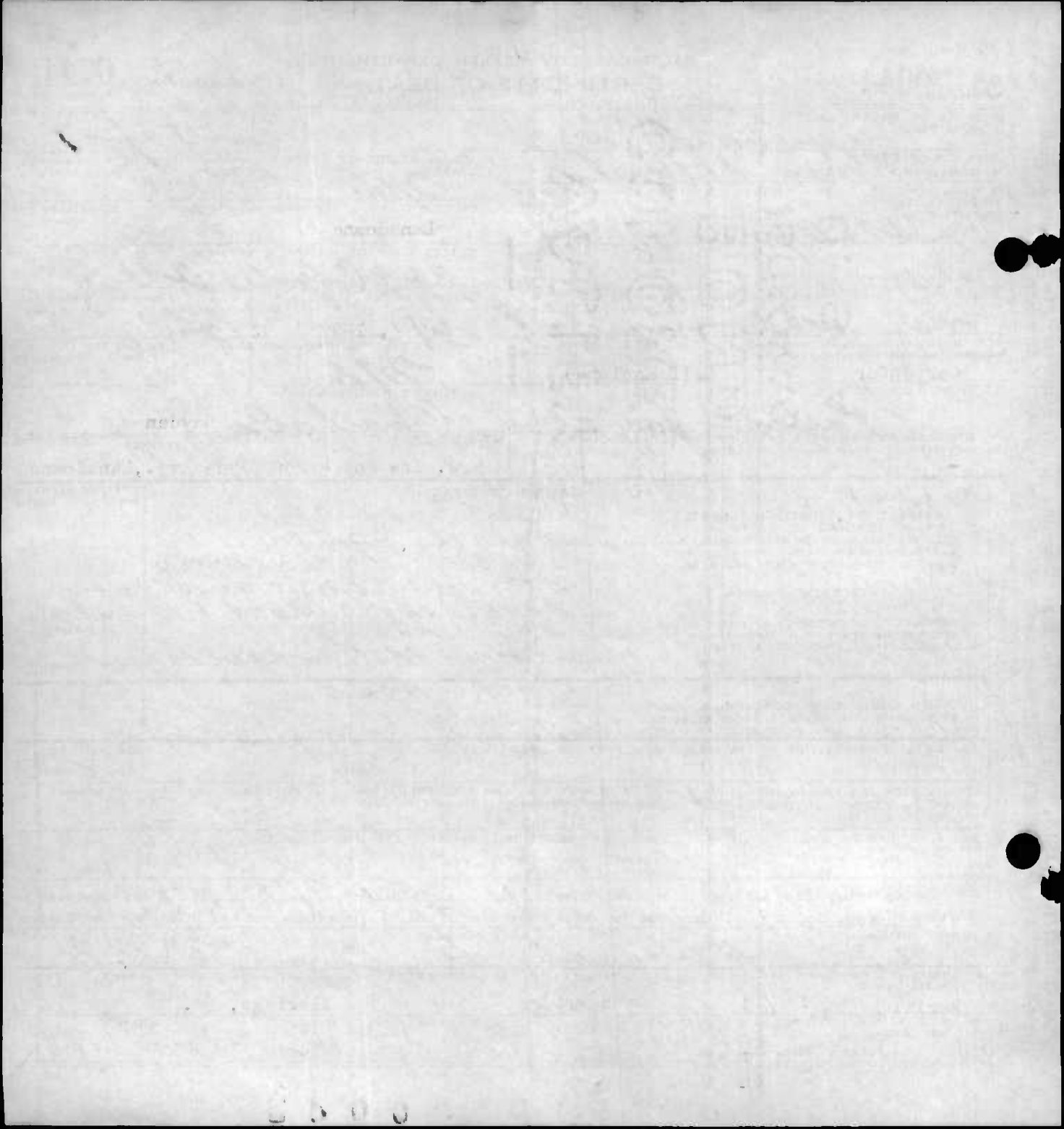
1. NAME OF DECEASED (Type or Print) <i>Harvard Jay Solomon</i>			2. DATE OF DEATH <i>1/2/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. Agnes</i>			4. USUAL RESIDENCE (Where deceased lived, If in institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Lansdowne</i>		
c. Length of stay in Baltimore —			D. STREET ADDRESS (If rural, give location) <i>269 Clyde Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6/1, 1877</i>		9. AGE (In years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>		11. BIRTH PLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Wallace Jay</i>			14. MOTHER'S MAIDEN NAME <i>Charlotte Hayden</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS <i>Mrs. Ira Joy - 269 Clyde Ave., Lansdowne</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>CORONARY OCCLUSION</i> DUE TO <i>CARDIAC HYPERTROPHY</i> <i>ARTERIOSCLEROSIS GENERALIZED</i> (B) <i>PULMONARY EDEMA & PLEURAL</i> DUE TO <i>EFFUSION</i> (C) <i>CHRONIC PASSIVE CONGESTION</i> <i>LIVER - ASCITES</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>1/1</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/1</i> , 19 <i>51</i> , to <i>1/2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/2</i> , 19 <i>51</i> , and that death occurred at <i>7:45 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas. H. Shaw</i>		23B. ADDRESS <i>50. Queen St.</i>		23C. DATE SIGNED <i>1/2/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/5/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge</i>	
24D. LOCATION (City, town, or county) <i>Elkridge, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 3 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. J. Tichner</i>	
24G. FUNERAL DIRECTOR <i>Wm. J. Tichner</i>		24H. ADDRESS <i>Wm. J. Tichner & Sons - Laeto</i>		24I. ADDRESS	

1951000043

95c



CERTIFICATE CORRECTED 1-29-51 **Hasse**
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. 51 0045

BIRTH NO. 51 0045

1. NAME OF DECEASED (Type or Print) <i>Hasse, Helen Adele</i>		2. DATE OF DEATH <i>1/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i> C. Length of stay in Baltimore <i>Life</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY C. CITY OR TOWN <i>Balt</i> D. STREET ADDRESS (If rural, give location) <i>3824 Leo St.</i>	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Dec. 2, 1914</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (In years last birthday) <i>36</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>Henry Sunderland</i>		14. MOTHER'S MAIDEN NAME <i>Reda Clark</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT ADDRESS <i>Fredrick Hahn 3824 Leo St</i>

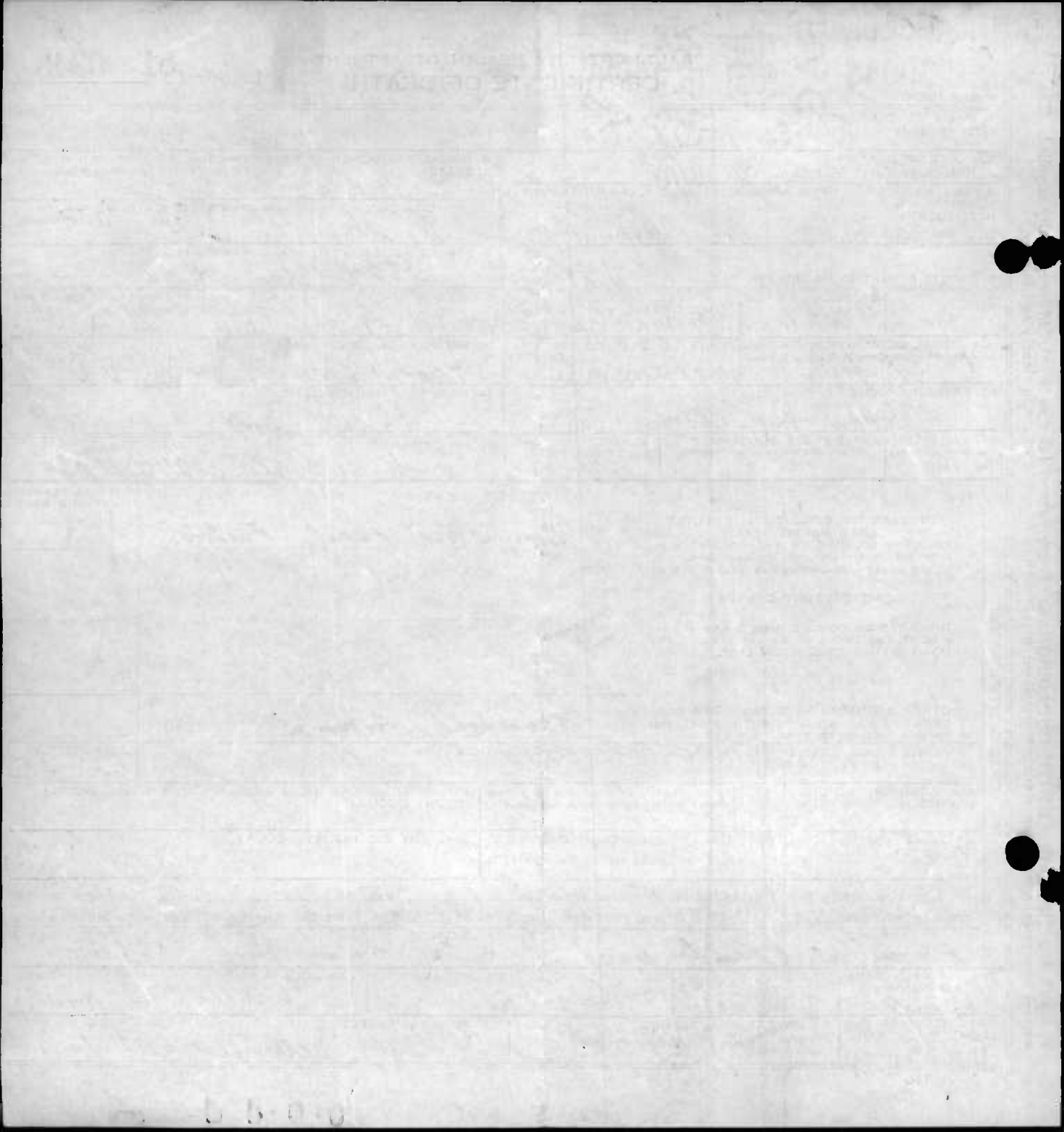
18. 241 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Congestive Heart Failure</i> DUE TO ANTECEDENT CAUSES (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Branchial Asthma</i> (C) INTERVAL BETWEEN ONSET AND DEATH	19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1/1</i> , 19 <i>51</i> , to <i>1/2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/2</i> , 19 <i>51</i> , and that death occurred at <i>4:15 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Edwin W. Clauserbach</i> M.D.		23B. ADDRESS <i>Franklin Square Hosp.</i>	23C. DATE SIGNED <i>1/2/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 5, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>U. S. C. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 3 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>A. Howard Evans 1400 Schenck St</i>

VS 150

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PLEASE WRITE FAIRLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

435
51 0046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0046
Registered No.

1. NAME OF DECEASED (Type or Print) WALDEN, HELEN			2. DATE OF DEATH Jan 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) 25-52		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 429 Round View Road		
5. SEX Fe	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 1, 1919	9. AGE (In years last birthday) 31	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Virginia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Willie Vann			14. MOTHER'S MAIDEN NAME Mary Canada		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Robert Walden			ADDRESS 429 Round View Rd		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY TUBERCULOSIS FAR ADVANCED CAUSE OF DEATH (A) PULMONARY TUBERCULOSIS FAR ADVANCED DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 16 mox					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12-30-50			19B. MAJOR FINDINGS OF OPERATION 1ST STAGE THORACOPLASTY		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 27, 1950 to Jan 1, 1951 , that I last saw the deceased alive on Jan 1, 1951 , and that death occurred at 5:15 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Geo. H. Kelson			23B. ADDRESS Franklin Sq. Hosp		23C. DATE SIGNED 1-1-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/4/51	24C. NAME OF CEMETERY OR CREMATORY Franklin		24D. LOCATION (City, town, or county) (State) Franklin Va.	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 31 1951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR Geo. H. Kelson	
				ADDRESS 1303 Pressman St	

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Church

Signature of Family

Signature of Friends

Signature of Community

Signature of Nation

Signature of World

Signature of Universe

Signature of God

Signature of Jesus

Signature of Mary

Signature of John

Signature of Peter

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

42.5
51 0047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0047
51 0047
Registered No.

BIRTH NO. 51 0047			2. DATE OF DEATH 1/1/51		
1. NAME OF DECEASED (Type or Print) BETTY (BETTY) WILSON			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT Hospital			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY 15-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1618 N. Calhoun St		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Mar 8 1884		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Taylor			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Joseph Armstrong ADDRESS 1618 N. Calhoun St		
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Cardio-vascular Disease DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. Geo. H. Kelson		23C. DATE SIGNED 1/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/4/51	24C. NAME OF CEMETERY OR CREMATORY mt Auburn		24D. LOCATION (City, town, or county) (State) md	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951		REGISTRAR'S SIGNATURE H. H. Williams, Jr.		25. FUNERAL DIRECTOR Geo. H. Kelson ADDRESS 1303	

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0048
Registered No.

BIRTH NO. 500 51 0048 50-16322

1. NAME OF DECEASED (Type or Print) RONALD BOONE			2. DATE OF DEATH January 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 607 Pennsylvania Avenue			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 19, 1950	9. AGE (In years last birthday) 4 1/2	10. Under 1 Year Months: Days: 4 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Balto. Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Alvin Boone			14. MOTHER'S MAIDEN NAME Myrtle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Myrtle Boone			ADDRESS 607 Penna. Ave.		

18. E921.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Asphyxia due to aspiration of vomitus (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 607 Pennsylvania Avenue 17-1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 2, 1951 ? a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aspiration of vomitus	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Williams		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-5-1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Balto. Md.	
24D. LOCATION (City, town, or county) 322 N		24E. STATE Md.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951		REGISTRAR'S SIGNATURE William V. Williams		ADDRESS Schwartz St.	

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BALTIMORE CITY JOURNAL DEATH REPORT

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0049

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alma Brown

2. DATE OF DEATH

January 2, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

526 W. Preston St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

526 Preston St.

Length of stay in Baltimore

25 years

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife, Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

December 14, 1900

9. AGE (In years last birthday)

50

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

Ernest Brown, 526 W. Preston St.

ADDRESS

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19. DATE OF OPERATION

20. AUTOPSY?

21. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from Jan 1, 1957, to Jan 2, 1957, that I last saw the deceased alive on Jan 1, 1957, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

MEDICAL CERTIFICATION

Burial

1-5-1957

Mt. Auburn Cem. Balto.

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 3 1957

William Williams, M.D.

Mrs. Kate R. Williams Schroeder, Jr.

937

VALLEY

HONG KONG

BOY

1900-1901

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0050**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sidney J. Edwards		2. DATE OF DEATH Jan. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 702 Madison Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 702 Madison Ave.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 28, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
11. BIRTHPLACE (State or foreign country) New Orleans, La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Edwards		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Marie Johnson		ADDRESS 639 S. Cromdale Rd	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1-1-50 1-2-50
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		
(C) Diabetes Mellitus		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1-2-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1950 , to Jan 2, 1951 , that I last saw the deceased alive on Jan 1, 1951 , and that death occurred at 11 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William L. Johnson		23B. ADDRESS 473 N. P. Brown		23C. DATE SIGNED 1-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/5/1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. REGISTRAR'S SIGNATURE Wm. L. Johnson		25. FUNERAL DIRECTOR Funeral Home	
DATE RECEIVED BY LOCAL REGISTRAR JAN-3-1951		ADDRESS 1651 Druid Hill Ave.			

1000

Robert Curran Thompson
Hypocrite
Double Decker

Robert Curran Thompson
Hypocrite
Double Decker
1-2-3

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 0051
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONALD WILLIAM TELLIS

2. DATE
OF
DEATH

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3303 Parklawn Avenue

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

NOV. 11 1932

9. AGE (In years
last birthday)

18

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

MARIE V. THOMPSON.

17. INFORMANT

ADDRESS

AUGUST L. TELLIS 3303 PARKLAWN AVE.

CAUSE OF DEATH

18. **E819.4**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Subdural hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Contusion of brain**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR? **600 feet north of Chester-
field Ave. at Herring Bridge on Belair**

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
January 1, 1951 3.00a.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?
26-2 auto ran into Baltimore Transit Pole

22. I certify that I took charge of the remains described above, held an **Partial autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Updegraff

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JAN 6 1951

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Duffel Bros 7110 BELAIR RD

VS 151

N853.2

170c

MEDICAL CERTIFICATION

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Residence of

Decedent's Name

Age

Sex

Color

Marital Status

Occupation

Education

Religion

Place of Birth

Date of Birth

Place of Death

Time of Death

Cause of Death

Immediate Cause

Underlying Cause

Manner of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Witness

Signature of Minister

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 0052

BIRTH NO. 51 0052

1. NAME OF DECEASED (Type or Print) EDNA MAY RIBENOUR			2. DATE OF DEATH JAN 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE MD			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY WASHINGTON		
B. FULL NAME OF HOSPITAL OR INSTITUTION 6609 REISTERSTOWN RD			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HAGERSTOWN		
c. Length of stay in Baltimore 36 Yrs. 6 Mos. 5 Days			D. STREET ADDRESS (If rural, give location) 652 N MULBERRY ST		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR 19 1875	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (State or foreign country) NEAR HAGERSTOWN		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME FUNK			14. MOTHER'S MAIDEN NAME EDNA ROWE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 0	17. INFORMANT ADDRESS RICHARD E RIBENOUR 2449 LAURETTA AVE BALTO 23 MD		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERVAL BETWEEN ONSET AND DEATH		CAUSE OF DEATH (A) Heart - intestinal hemorrhage 4 days DUE TO cause undetermined	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) hypertensive and arteriosclerotic heart disease		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1948 , to Jan 2, 1951 , that I last saw the deceased alive on Jan 1, 1951 , and that death occurred at 6:40 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Constance Cohen		23B. ADDRESS 5901 Park Heights Ave	23C. DATE SIGNED 1/2/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/5/51	24C. NAME OF CEMETERY OR CREMATORY ROSE HILL	24D. LOCATION (City, town, or county) (State) HAGERSTOWN MD.
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Andrew H. Coffman Hagerstown Md.	

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12/15/51

MASSACHUSETTS

MASSACHUSETTS

6211 MULLEN ST

YARD 18 74

NEAR HARTFORD

CLARK, JR.

RICHARD E. HARRIS
12/15/51

12/15/51

MASSACHUSETTS

6211 MULLEN ST

74

YARD 18 74

NEAR HARTFORD

CLARK, JR.

12/15/51

MASSACHUSETTS

MASSACHUSETTS

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0053

Registered No. _____

BIRTH NO. 51 0053

1. NAME OF DECEASED (Type or Print) MARGARET GATELY		2. DATE OF DEATH 1 JAN 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-10	
c. Length of stay in Baltimore LIFE/62 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 501 CHATEAU AVE	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/14/87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (in years last birthday) 63
11. BIRTHPLACE (State or foreign country) MARY LAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME MICHAEL GATELY		14. MOTHER'S MAIDEN NAME ANNA MALONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT MRS. C. J. SMITH		ADDRESS SAME	
18. 342 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Portine hemorrhage DUE TO Portine abscess due to adrenal hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. 6 wks. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CAUSE OF DEATH Portine hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 wks.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 30 Mar, 1950 , to 1 Jan, 1951 , that I last saw the deceased alive on 1 Jan, 1951 , and that death occurred at 11 38 m. , from the causes and on the date stated above.			
23A. SIGNATURE Oliver R. Root M. D.		23B. ADDRESS Mercy Hosp	
23C. DATE SIGNED 1/2/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1-4-1951	
24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co.		ADDRESS 4905 YORK RD	

VS 150

1951 70024 0002

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UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR

5100

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0054

51 0054

1. NAME OF DECEASED (Type or Print) IGNATUS GAIGALAS			2. DATE OF DEATH 1-2-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Scnai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 27 yrs			D. STREET ADDRESS (If rural, give location) 750 W. Lexington St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/4/1885	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor		10B. KIND OF BUSINESS OR INDUSTRY Sailing Industry	11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Baltramiejus Gaigalas			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna. Gaigalas ADDRESS 750 W. Lexington		

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cerebral Vascular Accident Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH	
--	--	---	--	----------------------------------	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1 19 51 , to 1-2 , 19 51 that I last saw the deceased alive on 1-2 , 19 51 , and that death occurred at 1:45 Am., from the causes and on the date stated above.					
23A. SIGNATURE Henry C. Stofen		23B. ADDRESS Scnai Hospital		23C. DATE SIGNED 1-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/5/51		24C. NAME OF CEMETERY OR CREMATORY Landon Park Cem.	
24D. LOCATION (City, town, or county) 3801 Frederick Ave		24E. (State)		25. FUNERAL DIRECTOR John J. Cowan ADDRESS 930 St.	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR John J. Cowan ADDRESS 930 St.	

VS 150

1951 599 46

930 St.

CERTIFICATE OF DEATH

State of New York

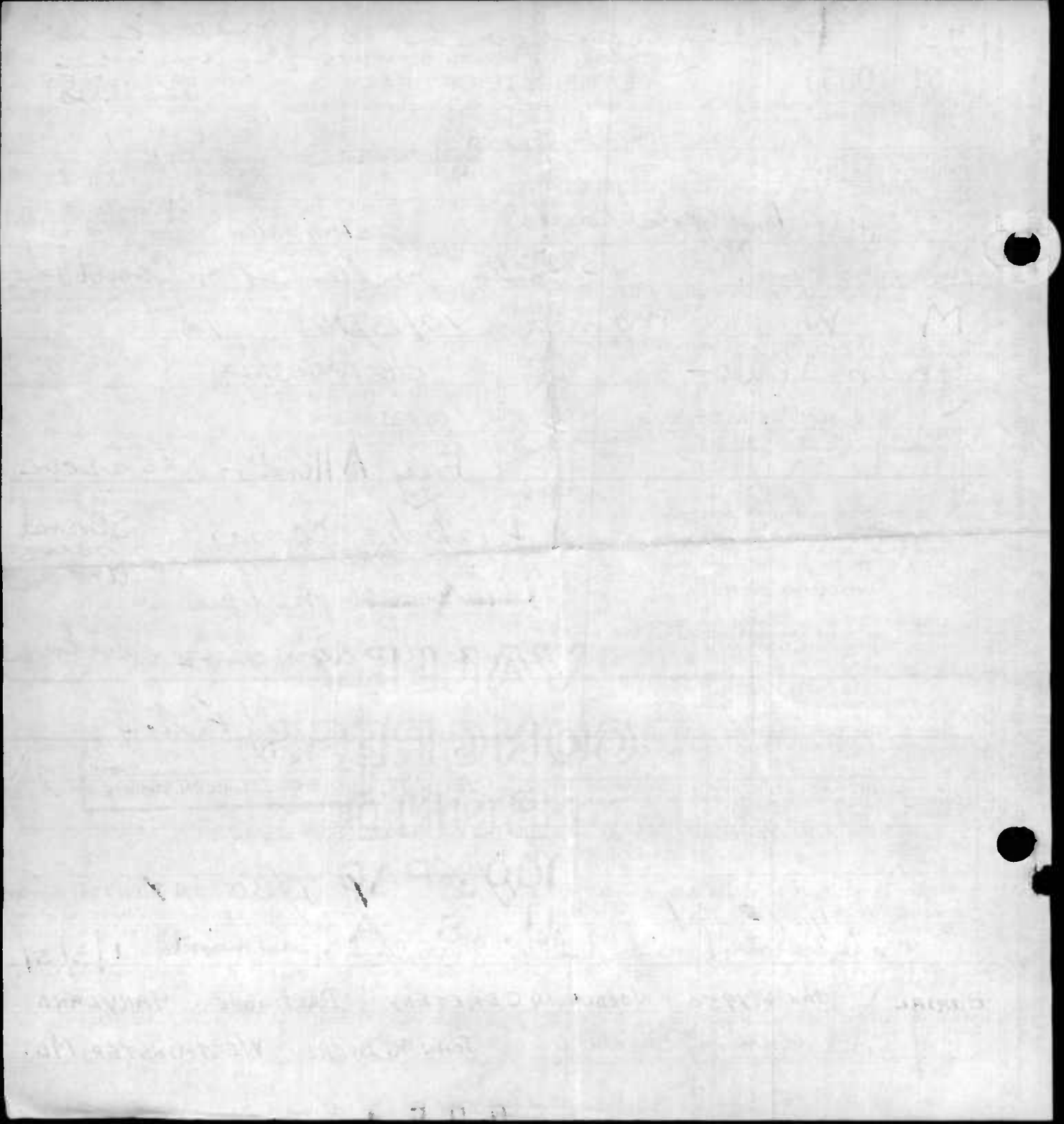
Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
Occupation		Education		Medical History		Post-mortem Examination	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Witnesses	
Signature of Family		Signature of Minister		Signature of Burial Officer		Signature of Cemetery	

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

7 supplied. The

MEDICAL CERTIFICATION

453				Pending approval of medical examiner			
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 0055			
BIRTH NO. 51 0055				JAN 1 1951			
1. NAME OF DECEASED (Type or Print) James H. Allender				2. DATE OF DEATH 1/3/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland COUNTY Carroll			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster 5641			
D. STREET ADDRESS (If rural, give location) 5 minutes Willis St & Court Ave							
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10/13/76	
9. AGE (in years last birthday) 74		10. UNDER 1 Year Months: Days: Hours: Min.		11. BIRTHPLACE (State or foreign country) Westminster		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph S. Allender				14. MOTHER'S MAIDEN NAME Rosalie Reay			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT Fay Allender				ADDRESS as above			
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) Diabetic coma			
				(B) Diabetes mellitus			
				(C) Cerebral arteriosclerosis			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				NOT A MEDICAL EXAMINER'S CASE			
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES NO				21. WHERE DID INJURY OCCUR?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR?				21D. HOW DID INJURY OCCUR?			
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from 1/3, 1951 to 1/30, 1951 that I last saw the deceased alive on 1/3/51, and that death occurred at m., from the causes and on the date stated above.							
23A. SIGNATURE Marquitta Louise Adair				23B. ADDRESS Maryland General Hospital			
23C. DATE SIGNED 1/3/51							
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24B. DATE JAN 6, 1950			
24C. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY				24D. LOCATION (City, town, or county) BALTIMORE MARYLAND			
25. FUNERAL DIRECTOR JOHN R. BYERS				ADDRESS WESTMINSTER, MD.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0056

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ATHERINE B. FRANK

2. DATE
OF
DEATH

January 1, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

Maryland

b. COUNTY

before admission)

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

c. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

920 Allendale Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 6, 1911

9. AGE (In years
last birthday)

39

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H-W.

10b. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank J. Slunt

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

G. Carroll Frank, 920 Allendale St

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aneurysm of left anterior descending
coronary artery with rupture

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William V. Wood

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

Jan. 2, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Jan. 5/51

24c. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer Belair Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Wood

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Witzke, 4161 Edmondson

V S 151

51 0056 94a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[REDACTED]



CERTIFICATE OF DEATH

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



1111

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0057
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth A. White

2. DATE
OF
DEATH

Jan. 2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

234 S. Mount St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

234 S. Mount St.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 21, 1876

9. AGE (In years
last birthday)

74

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Griffin

14. MOTHER'S MAIDEN NAME

Mary Cline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel W. White, 234 S. Mount St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

(C) Hypertensive C/R Disease
malnutrition

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 27 Dec., 1950 to 2 Jan., 1951, that I last saw the
deceased alive on 2 Jan. 1951 and that death occurred at 10:20 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. B. Paulus M. D.

1600 Wilkins Ave

3 Jan 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 4/51

Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

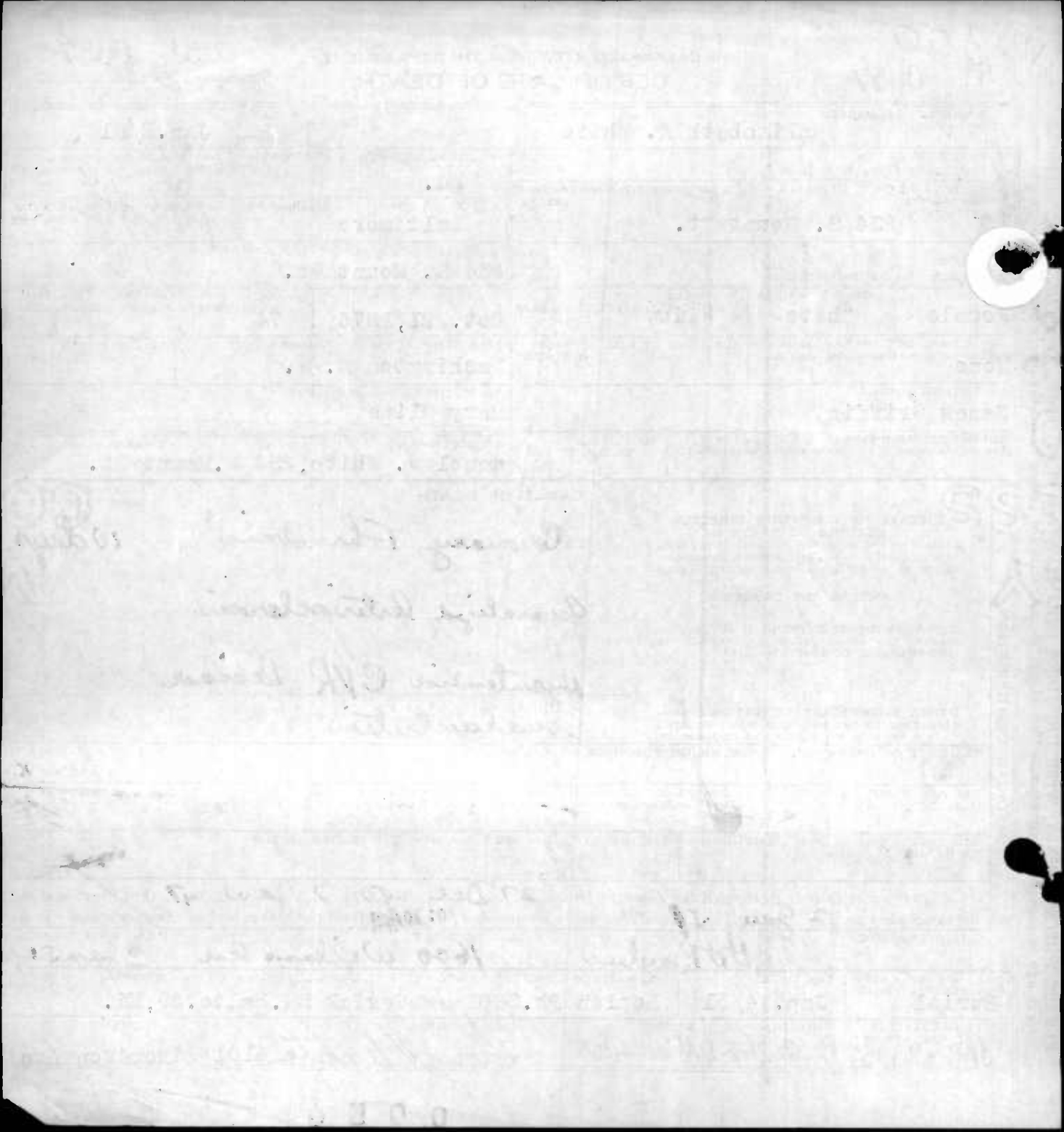
ADDRESS

JAN - 3 1951

William Williams, M.D.

Harry A. Witzke

4101 Edmondson Ave



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0058
Registered No.

BIRTH NO. 51 0058

1. NAME OF DECEASED (Type or Print) AGNIESZKA PISKOR		2. DATE OF DEATH January 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2631 Mura Street		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore 50 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2631 Mura Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 15, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 64 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Giza		14. MOTHER'S MAIDEN NAME Katherine Dudek	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Magdalene Kielian, 2631 Mura Street		ADDRESS	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Stroke & L. L. C. Pneumonia DUE TO Coronoma of Rectum DUE TO 12-25-50 1/1/50	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1950 , to Jan 1, 1951 , that I last saw the deceased alive on Jan 1, 1951 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Sadowski M. D.		23B. ADDRESS 8012 Kenwood		23C. DATE SIGNED 1/3/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/4/51		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR M. F. Sadowski & Sons, 1808 Eastern Avenue			

Charles W. Sadowski 467

1935

1935



Supplies for the
Department of the Interior
1/1/35



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 510 0059

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Weber, Joseph

2. DATE

OF DEATH January 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Joseph's

Baltimore

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
820 North Point Road 5300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Benj. Weber

? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mary E. Weber 820 Old North Pt. Rd

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Melanoma, brain, recurrent
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 4, 1950 to January 2, 1951, that I last saw the deceased alive on Jan. 2, 1951, and that death occurred at 4:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jan. 2, 1951

1100 N. Caroline St.

Jan. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 6/51

Baltimore Cem.

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 3 1951

W. H. Williams, M.D.

John A. Moran

3000 E. Balto. St.

VS 150

195514093/00058

54B

THE
The
Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525
51 0060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0060
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) MABEL JOHNSON			2. DATE OF DEATH January 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Ballo. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 6-03					
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore Five			D. STREET ADDRESS (If rural, give location) 240 N. Montford Avenue					
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 14-1948	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (State or foreign country) Baltimore		
13. FATHER'S NAME Moses E. Carter			14. MOTHER'S MAIDEN NAME Julian Bradford			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT Dr. Wm. H. 1434 N. ...		
18. 344X			CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Cholestoma of choroid plexus					
DUE TO								
ANTECEDENT CAUSES			(B) Internal hydrocephalus					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE William H. ...			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED Jan. 2, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 1-5-51			24C. NAME OF CEMETERY OR CREMATORY Arbutus mem.		
24D. LOCATION (City, town, or county) (State) Baltimore Md			24E. NAME OF CEMETERY OR CREMATORY Arbutus mem.			24F. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR JAN - 3 1951			REGISTRAR'S SIGNATURE Wilmington Williams, M.D.			25. FUNERAL DIRECTOR Chas. O. Wilson 1100 ...		
ADDRESS 1100 ...			ADDRESS 1100 ...			ADDRESS 1100 ...		

V S 151

51 0060

87E L

MINISTRE DE LA SANTE
CERTIFICATE OF DEATH

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Coleman

2. DATE
OF
DEATH

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

1532 E. Madison St.

C. Length of stay in Baltimore

18 Yrs.

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1-26-13

9. AGE (in years last birthday)

37

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR INDUSTRY

Sparrow Point

11. BIRTHPLACE (State or foreign country)

Blackstock S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Coleman STEEL MILL

14. MOTHER'S MAIDEN NAME

Andrine Mae Mickens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
THE JOHNS HOPKINS HOSPITAL

18. *331 x 1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Subarachnoid hemorrhage

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Malignant Hypertension

(C) DUE TO

uremia.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

GI hemorrhage - site undetermined

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-26, 1950* to *1-2, 1951*, that I last saw the deceased alive on *1-2, 1951* and that death occurred at *9:44 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Walsh

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/7/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Olive Cem.

24D. LOCATION (City, town, or county)

Blackstock S.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

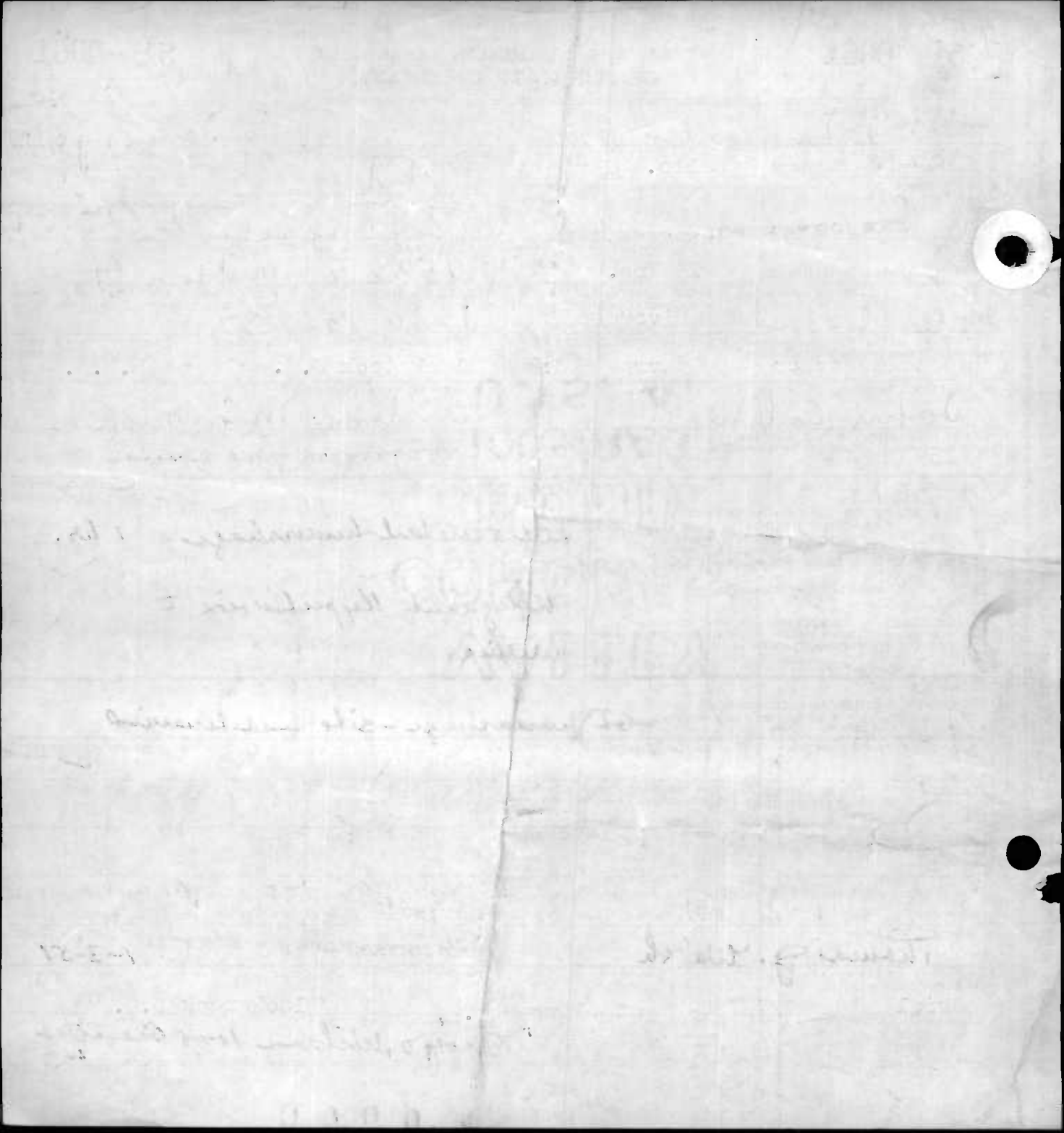
JAN - 3 1951

Elroy O. Wilson 1100 Beantown Ave

VS 150

690 3A

83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Subject to Approval by the Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0062

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES EDWIN MAYS

2. DATE
OF
DEATH

Jan. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

239 Mallow Hill Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

239 Mallow Hill Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 15, 1900

9. AGE (In years last birthday)

50

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Naval Yard

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mays

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
705-03-9521

17. INFORMANT

ADDRESS

Mrs. Irene Ada Mays - 239 Mallow Hill Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute Coronary Thrombosis

Hypertensive Cardiovascular disease unknown

CERTIFICATION APPROVED BY

William V. Smith

1 1/2 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

James J. Nolan

23B. ADDRESS

5804 Edmonston Ave Baltimore 28 Md

23C. DATE SIGNED

Jan 3, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

1/4/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

26 m. J. Pickens & Sons - Balto Md.

JAN - 3 1951

VS 150

195 1544 3U

93D

83-16

REPORT OF JAMES H. HARRIS
MAY 12, 1954

Page 1

1. Name of subject: JAMES H. HARRIS

2. Date of birth: [illegible]

3. Place of birth: [illegible]

4. Date of entry into country: [illegible]

5. Date of departure from country: [illegible]

6. Name of vessel: [illegible]

7. Name of agent: [illegible]

8. Name of ship: [illegible]

9. Name of master: [illegible]

10. Name of crew: [illegible]

11. Name of cargo: [illegible]

12. Name of destination: [illegible]

13. Name of origin: [illegible]

14. Name of port of call: [illegible]

15. Name of agent: [illegible]

16. Name of ship: [illegible]

17. Name of master: [illegible]

18. Name of crew: [illegible]

19. Name of cargo: [illegible]

20. Name of destination: [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-630 51 0063

CERTIFICATE CORRECTED 1-8-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 0063

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles A. Marotta

2. DATE
OF
DEATH Jan. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION 1303 Homewood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-09

D. STREET ADDRESS (If rural, give location)
1303 Homewood Avenue

c. Length of stay in Baltimore 63 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single Married

8. DATE OF BIRTH

June 26, 1879

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

6

7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Night watchman

10B. KIND OF BUSINESS OR
INDUSTRY
Steel Company (M)

11. BIRTHPLACE (State or foreign country)
Italy

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Michael Marotta

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
Yes 3-15-1904-3-14-1907

16. SOCIAL
SECURITY NO.
213-14-0929

17. INFORMANT ADDRESS
Mrs. Mary A. Holland-1308 Valley Street

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ca of right lung
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Corbis - Vascular - renal Disen

Cardio - Vascular - renal Disen

?
(Discovered
March 1950)

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to 2 Jan, 1951, that I last saw the
deceased alive on 1 Jan, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Lilienfeld

M. D.

23B. ADDRESS

214 E. Preston St.

23C. DATE SIGNED

2 Jan 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

I-5-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Frederick Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

1 5 5 763340 0062

47D

CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

On the ... day of ...

at ...

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-400

51 0064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

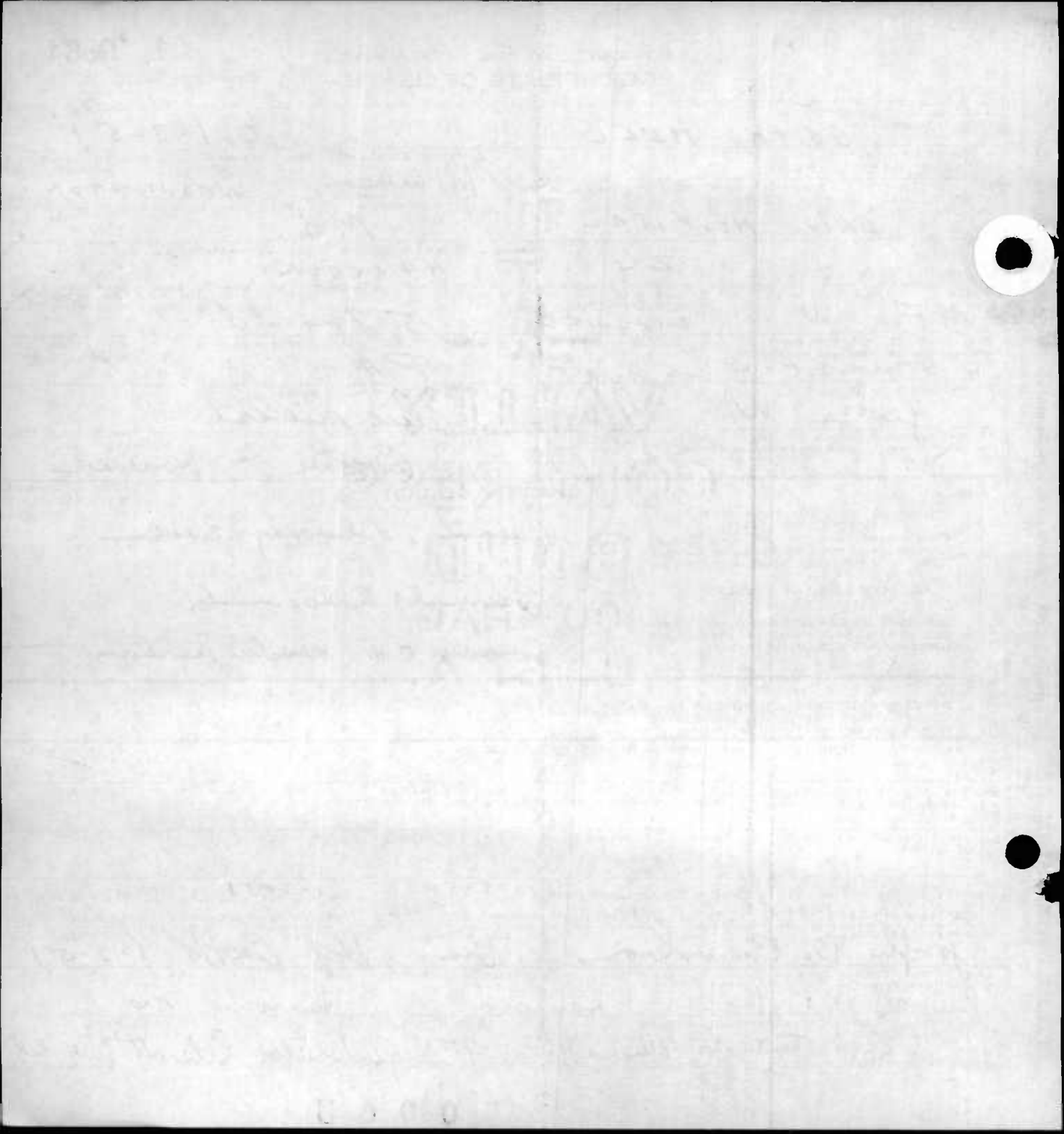
51 0064

Registered No.

BIRTH NO.			2. DATE OF DEATH 1-3-51		
1. NAME OF DECEASED (Type or Print) EDITH HULL			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD WASHINGTON C. CITY OR TOWN MD WASHINGTON		
3. PLACE OF DEATH: A. Baltimore City, Maryland			D. STREET ADDRESS (If rural, give location) HANCOCK 7100		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSPITAL			c. Length of stay in Baltimore 24		
5. SEX M F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5 7 yrs 2d		9. AGE (In years last birthday) 2d
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC DAY WORK		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PA.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George W.			14. MOTHER'S MAIDEN NAME Alice Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT Brother - Hancock		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 414X I CAUSE OF DEATH (A) Peritonitis, Pulmonary Edema DUE TO ANTECEDENT CAUSES (B) Bacterial Endocarditis DUE TO (C) Rheumatic H. W. Mesenteric Thrombosis INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-9-50, 19__, to 1-3-51, 19__, that I last saw the deceased alive on 1-3-51, 19__, and that death occurred at 5:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. B. Brown		23B. ADDRESS Univ. Inf. Bldg.		23C. DATE SIGNED 1-3-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-7-51		24C. NAME OF CEMETERY OR CREMATORY Hancock	
24D. LOCATION (City, town, or county) Hancock Md		24E. FUNERAL DIRECTOR J. C. Nigumbertson		24F. ADDRESS Ellicott City Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN -4 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR J. C. Nigumbertson	
VS 150				9512	

MEDICAL CERTIFICATION

5 729FA 0063



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

416

51 0065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0065

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John C. TALIAFERRO

2. DATE
OF
DEATH

JAN 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Mbg 3

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MARYLAND

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALDWIN

D. STREET ADDRESS (If rural, give location)

5300

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8-19-90

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John C. Taliaferro

14. MOTHER'S MAIDEN NAME

Austina Bockanbrough

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Rupture of Abdominal Aneurysm

30 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension + Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-1-1951, to 1-2-1951, that I last saw the deceased alive on 1-2-1951, and that death occurred at 4:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles M. Fin

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

24B. DATE

Jan 4-51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Balts Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

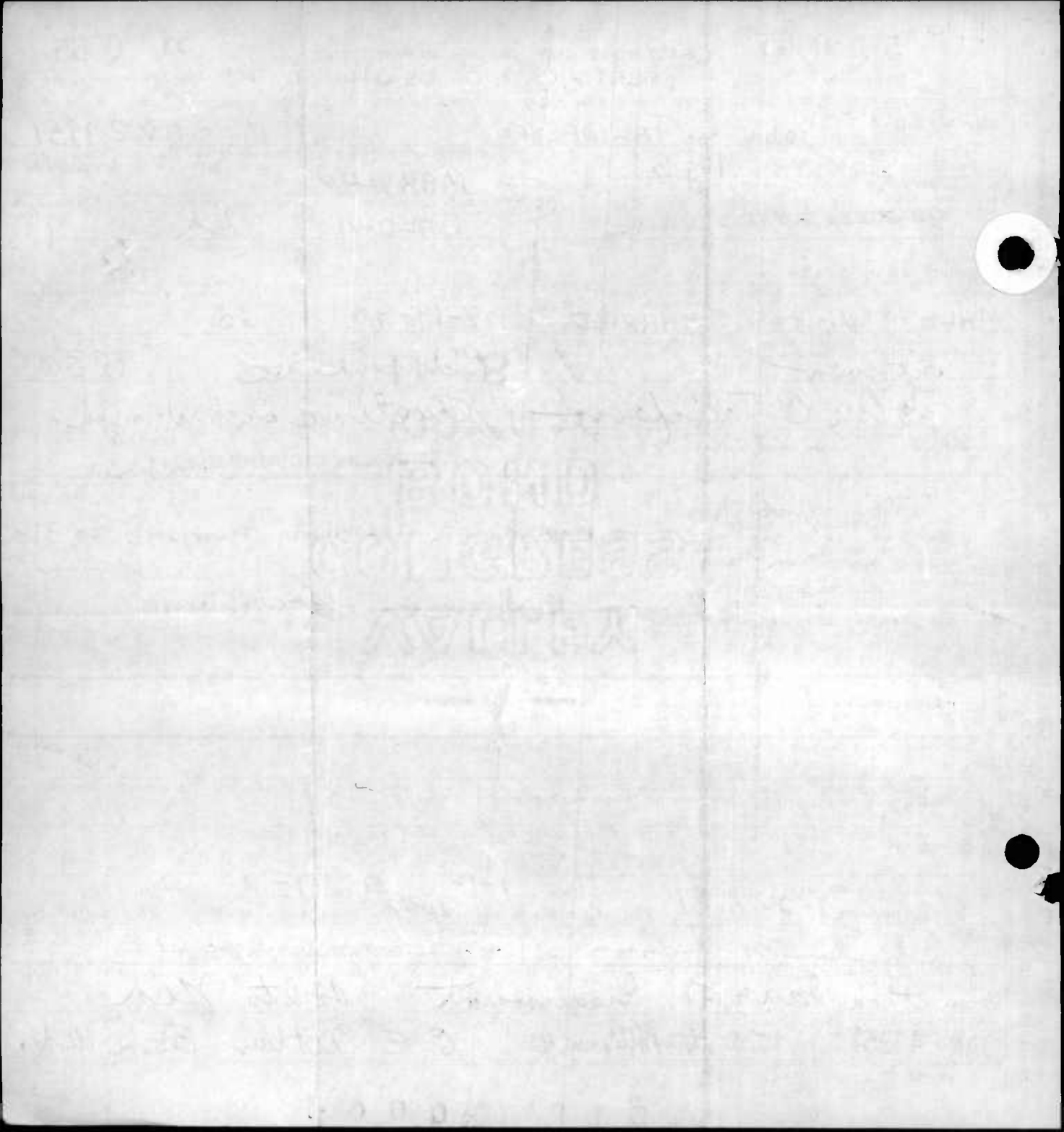
ADDRESS

G. E. Arthur York Md.

VS 150

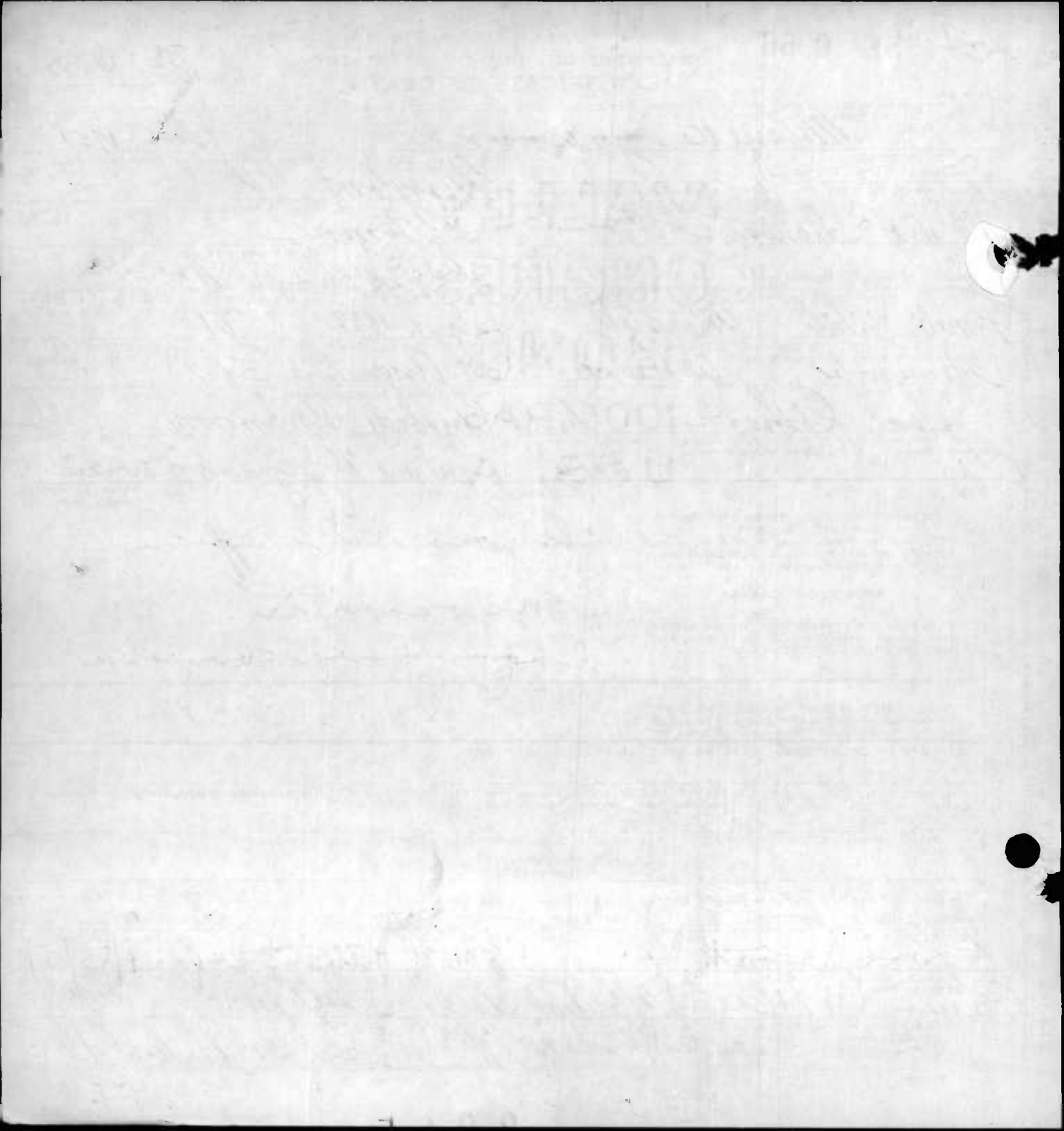
105900600064

96



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6251 0066		JERGENSEN		51 0066	
BALTIMORE CITY HEALTH DEPARTMENT					
CERTIFICATE OF DEATH					
Registered No.					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Maryetta Jergensen			Jan. 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
404 Ilchester Ave			Maryland		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			B. COUNTY		
Dulles			12-03		
D. STREET ADDRESS (If rural, give location)			404 Ilchester Ave		
c. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX			6. COLOR OR RACE		
Female			White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH		
Married			July 30, 1889		
9. AGE (in years last birthday)			10. Under 1 Year Months Days		
61			11. Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
Housewife			At Home		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
St Augustine Fla					
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John Othron			Elizabeth (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
No			None		
17. INFORMANT			ADDRESS		
Julius W. Jergensen			338 Ilchester Ave		
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
CAUSE OF DEATH					
(A) Myocardial infarction					
DUE TO					
(B) Myocarditis					
DUE TO					
(C) Chronic passive congestion					
INTERVAL BETWEEN ONSET AND DEATH					
19. 422.2 I DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
ANTECEDENT CAUSES					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION					
19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 2:30 PM, from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
L. J. P. P.		800 E. Baltimore Ave		1/3/51	
M. D.		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24E. NAME OF CEMETERY OR CREMATORY	
Burial		1/6/51		Dulles	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JAN - 4 1951		T. J. Williams, M.D.		1217 St Paul St	
VS 150					
1951 0000000000					
93E					



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0067

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHAS. E. DEANE		2. DATE OF DEATH 1-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD		C. CITY OR TOWN Sundolfe	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 7404 Weymouth Way 5300	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH March 12, 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Margin Clerk, Brokerage		10B. KIND OF BUSINESS OR INDUSTRY Alexander Brown	9. AGE (In years last birthday) 47 1/2
13. FATHER'S NAME Unknown Deane		11. BIRTHPLACE (State or foreign country) Baltimore Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? Md	
16. SOCIAL SECURITY NO. 3B-05-9368		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Howard J. Meiser, 3224 Mass Ave		ADDRESS	

MEDICAL CERTIFICATION

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Anterior-lateral myocardial infarction		3 days
DUE TO		
(C) Art - Card - Vase Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1-3-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1-2 , 19 51 , to 1-3 , 19 51 , that I last saw the deceased alive on 1-3-51 , and that death occurred at 4:15 A.m. , from the causes and on the date stated above.				
23. SIGNATURE Stanley R. Hembock		23b. ADDRESS Lutheran Hosp. of Md		23c. DATE SIGNED 1-3-51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 1/6/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) Cockeysville Md	(State)
DATE RECEIVED BY LOCAL REGISTRAR JAN - 4 1951	REGISTRAR'S SIGNATURE Huntington Williams, Md	25. FUNERAL DIRECTOR 1219 St Paul St		

VS 150

195 390 72 0066

93D

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 20____.

WITNESSES my hand and seal this _____ day of _____, 20____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 20____.

WITNESSES my hand and seal this _____ day of _____, 20____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 20____.

WITNESSES my hand and seal this _____ day of _____, 20____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 20____.

WITNESSES my hand and seal this _____ day of _____, 20____.

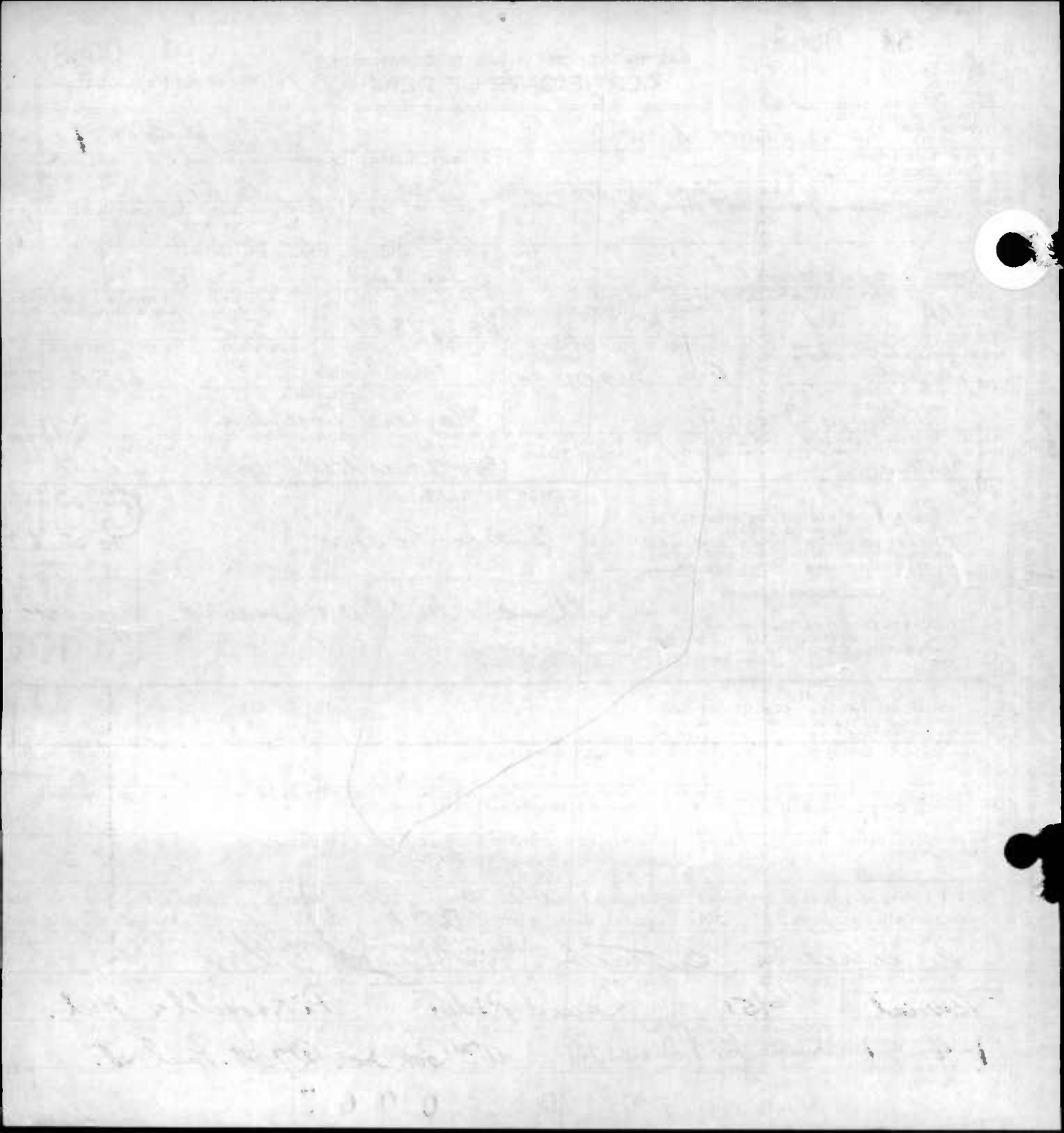
Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 20____.

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 0068		BALTIMORE CITY HEALTH DEPARTMENT		51 0068	
213		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Thomas James Nesbitt</i>		2. DATE OF DEATH <i>Jan 3, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>ESSEX 6300</i>			
D. STREET ADDRESS (If rural, give location) <i>5 Sue Ave</i>		E. <i>5 SUE AVE</i>			
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Nov. 17, 1894</i>	9. AGE (In years last birthday) <i>56</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Business</i>		11. BIRTHPLACE (State or foreign country) <i>New York</i>	
13. FATHER'S NAME <i>William Nesbitt</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Emerson</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Lorna Nesbitt, wife</i>	
18. <i>416 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cardiac failure</i> DUE TO (B) <i>Rheumatic heart disease, inactive</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>one week +</i> <i>years</i>		19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 30</i> , 1950, to <i>Jan 3</i> , 1951, that I last saw the deceased alive on <i>Jan 3</i> , 1951, and that death occurred at <i>12:50 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wallace R. Buttrick</i>		23B. ADDRESS <i>Union Memorial Hospital 3333 Calvert St. Balto. 18</i>		23C. DATE SIGNED <i>Jan 3, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>1-4-51</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i>		24H. ADDRESS <i>1217 St. Paul St.</i>			



51 0069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0069

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Gwynn Queen, M. D.

2. DATE
OF
DEATH

Jan. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4404 Eastway

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4404 Eastway, Guilford

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 2, 1884

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Doctor of Medicine

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bryantown, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Queen

14. MOTHER'S MAIDEN NAME

Mary Gwynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. J. Emmett Queen 1107 Ramblewood Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Coronary Artery Sclerosis*
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 3, 1951, that I last saw the
deceased alive on Jan 2, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank J. Geraghty

M. D.

23B. ADDRESS

3047 St Paul St

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

K. W. Meekes 245 N. Calver St.

VS 150

1 9 5 1 07580 0 0 6 8

94a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

21-11-19

1909



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H

63 51 0070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0070

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HUBERT CHARLES

2. DATE
OF
DEATH

Jan. 3 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Balto. Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

27-44

O. STREET ADDRESS (If rural, give location)

2004 White Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/19-1889

9. AGE (In years last birth day)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Police Officer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hubert

CITY

14. MOTHER'S MAIDEN NAME

Maggie Hubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Franklin Square

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Sigmoid

DUE TO

4 mon (3)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Metastases to Liver

19A. DATE OF OPERATION

12-28-50

19B. MAJOR FINDINGS OF OPERATION

Expl. lap - transverse colostomy

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/30, 1950, to 1/3, 1951, that I last saw the deceased alive on 1/3, 1951, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Mally

M. O.

23B. ADDRESS

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

1-6-1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, Jr.

25. FUNERAL DIRECTOR

John C. Mally, Inc. - 2435 E. Oliver St.

ADDRESS

VS 150

951077393060

46E

[Faint, mostly illegible handwritten text, possibly a letter or report.]

[Faint handwritten text at the bottom of the page, possibly a signature or date.]

TO BE APPROVED BY
MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0071

Registered No. _____

BIRTH NO. **342 51 0071**

1. NAME OF DECEASED (Type or Print) CHARLES ADELSPERGER		2. DATE OF DEATH Jan. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07	
c. Length of stay in Baltimore Life		O. STREET ADDRESS (If rural, give location) 3629 Keswick Road	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/12/16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10B. KIND OF BUSINESS OR INDUSTRY ANCHOR FREIGHT + MOTOR	9. AGE (In years last birthday) 34
13. FATHER'S NAME Edward Adelsperger		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes USA 1943-1945		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 217-092345		14. MOTHER'S MAIDEN NAME Mary Frances Merson	
17. INFORMANT Records- US Marine Hospital, Balto, Md.		ADDRESS _____	

MEDICAL CERTIFICATION

18. E 895.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema, massive, with hydrothorax		INTERVAL BETWEEN ONSET AND DEATH Few days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Toxic hepatitis and nephrosis, uremia		Few days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

CERTIFICATION APPROVED BY

CHIEF OF DIST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 12/24/50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT Accident Inhalation of pyrene fumes	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3629 Keswick Rd. Balto., Md.		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12/24/50	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Cleaning furniture		
22. I hereby certify that I attended the deceased from Jan. 1, 1951 , to Jan. 2, 1951 , that I last saw the deceased alive on Jan. 2, 1951 , and that death occurred at 4:30P m., from the causes and on the date stated above.				
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 1/3/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 5/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Federick Rd. Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN - 4 1951		25. FUNERAL DIRECTOR Justin E. Bonoraw - 3818 Planters		

VS 150

N969.0

956835200070

179x

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 51 0072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0072

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna C. Grimm

2. DATE
OF
DEATH

Jan 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or
location)

2659 Lafayette Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2659 Lafayette Ave.

C. Length of stay in Baltimore

4 Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/18/1871

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

House Wife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Christian Broessel

14. MOTHER'S MAIDEN NAME

Wilhelmina Amelmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Carl J. Grimm 2659 Lafayette Av

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Malignant of bladder

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7-1947, to 1-3-51, 19, that I last saw the
deceased alive on 1-2-51, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Ray S. Sembel

M. D.

23B. ADDRESS

2703 Edmondson

23C. DATE SIGNED

1-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Evergreen

24D. LOCATION (City, town, or county)

Gettysburg Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

VS 150

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0073
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BROTHER DATIVUS JAMES BIGGINS

2. DATE
OF
DEATH

3 JAN 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

CALVERT HALL COLLEGE

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

25 SEP 02

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RELIGIOUS

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES BIGGINS

14. MOTHER'S MAIDEN NAME

SARAH COWAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNK.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

415X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Rheumatic cardiovascular
dis

31 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac decompensation

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

pulmonary edema

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan, 1951, to 3 Jan, 1951, that I last saw the
deceased alive on 3 Jan, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Oliver R. Reeb

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/8/51

24C. NAME OF CEMETERY OR CREMATORY

St. Josephs Normal Inst. Amundale, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WIEDEFELD & SON

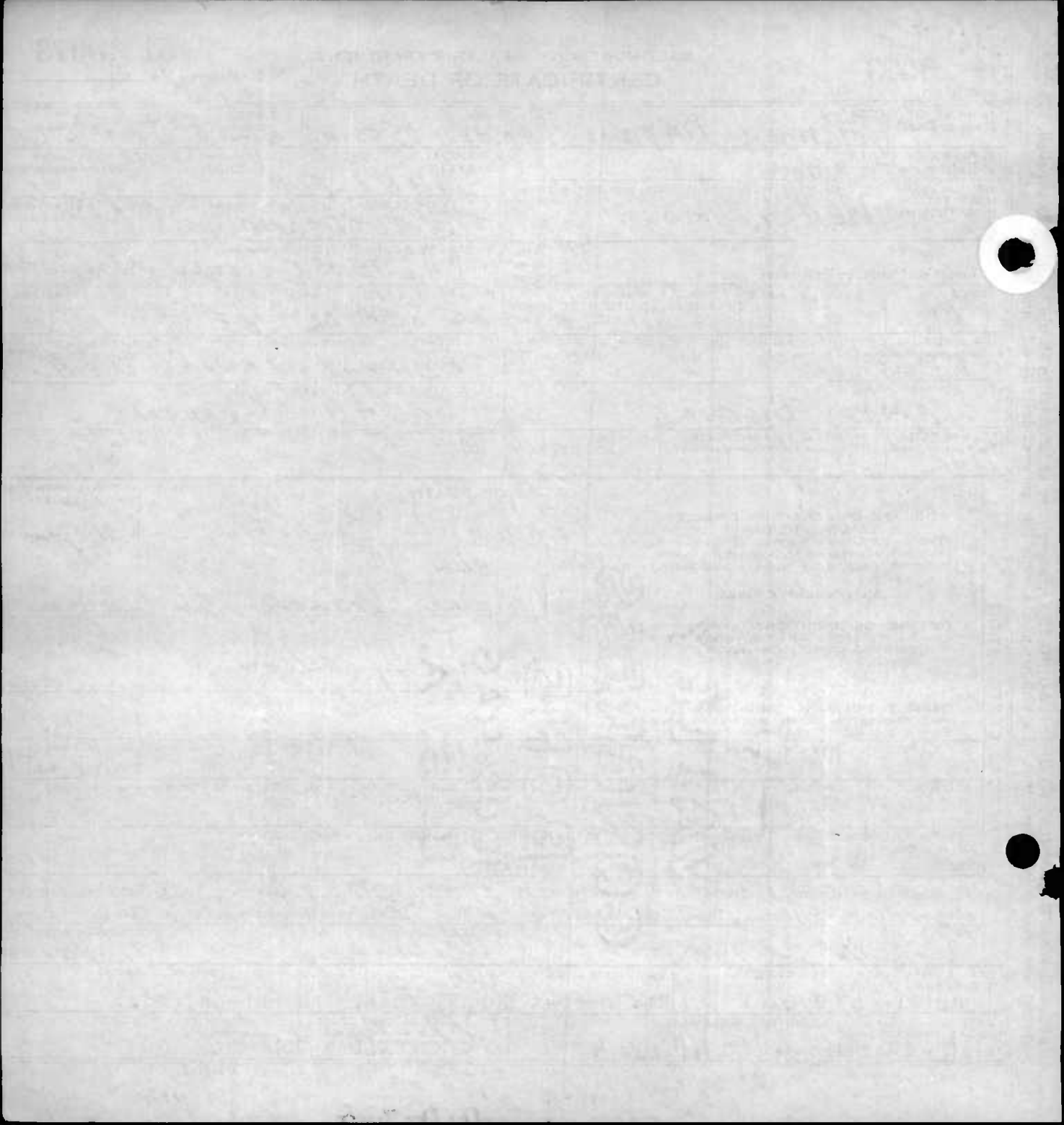
ADDRESS

GREENMOUNT AVE & 22ND

VS 150

1951 0788W

93c



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400
51 0074

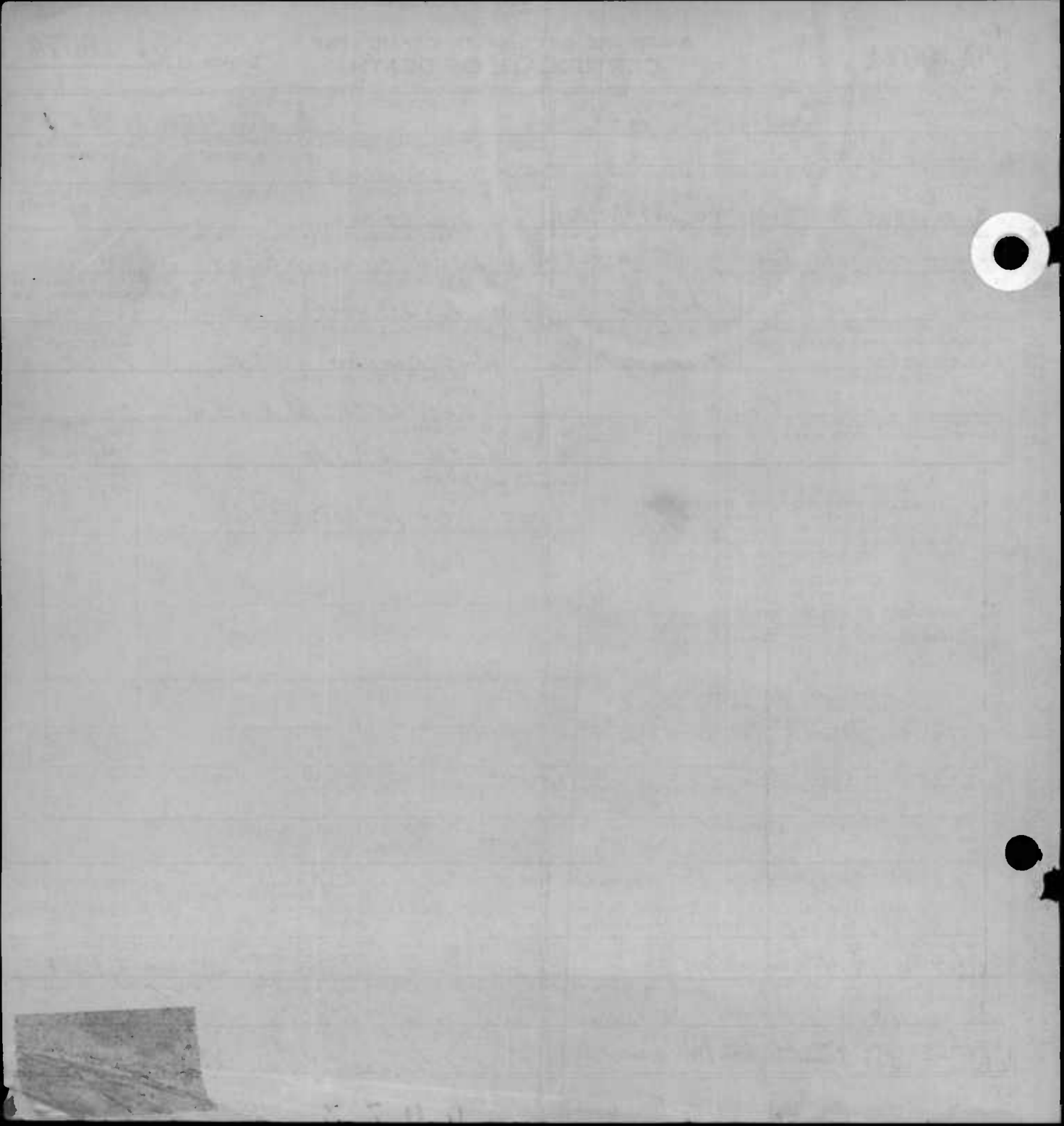
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0074
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>William A. Cole</i>	
2. DATE OF DEATH <i>Jan. 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital (DOR)</i>	
C. Length of stay in Baltimore <i>Life</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>July 13, 1900</i>	
9. AGE (In years last birthday) <i>50</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Conductor - B. Transit Co.</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William G. Cole</i>	
14. MOTHER'S MAIDEN NAME <i>Elizabeth Bruen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Lucy White</i>	
ADDRESS <i>Sonia</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>Wm. H. Kemmer, Jr.</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....
23C. DATE SIGNED <i>Jan. 2, 1951</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/4/951</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem. Balto Md.</i>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 4 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i>
25. FUNERAL DIRECTOR <i>F. B. Whipple</i>		ADDRESS <i>Don - W. - E. - ...</i>

185 120350 0073 94a 127

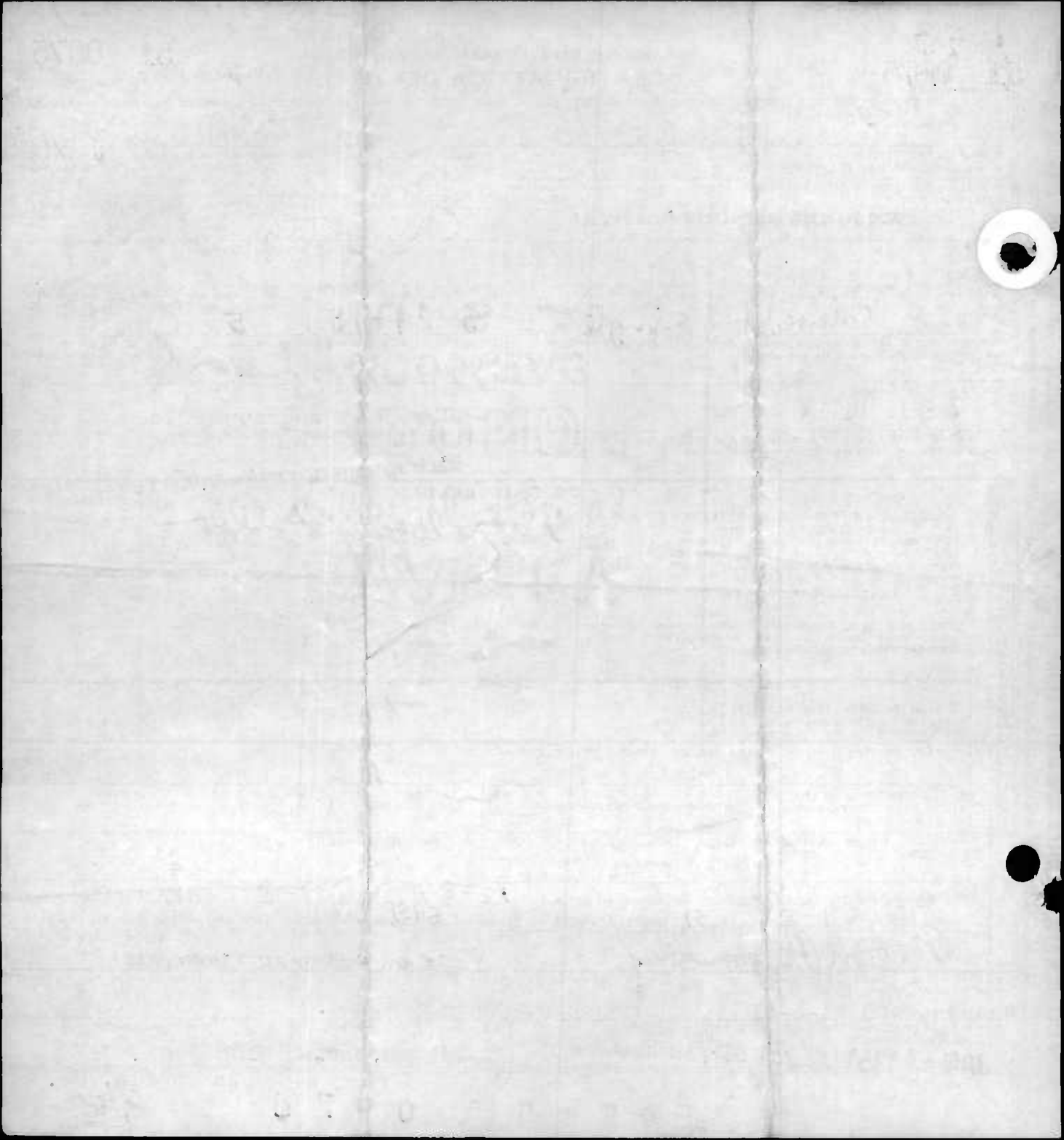


PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in detail.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0075 7NR
Registered No. 51 0075

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edsie Blunt</i>		2. DATE OF DEATH <i>January 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY <i>aa.</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Churchton</i>			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5200</i>			
7. SEX <i>Female</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>5-24-45</i>	11. AGE (in years last birthday) <i>5</i>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <i>Archie Blunt</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Johnson</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i> ADDRESS			
18. <i>754.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Petrololgy of Fallot</i> CAUSE OF DEATH (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21. DATE OF OPERATION <i>0</i>		22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from <i>12-24-1950</i> , to <i>1-2</i> , 1951, that I last saw the deceased alive on <i>1-2</i> , 1951, and that death occurred at <i>545</i> pm., from the causes and on the date stated above.					
31. SIGNATURE <i>William Reese</i>		32. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		33. DATE SIGNED	
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE		36. NAME OF CEMETERY OR CREMATORY	
37. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 4 1951</i>		38. REGISTRAR'S SIGNATURE <i>William Reese</i>		39. FUNERAL DIRECTOR <i>William Reese</i>	
		40. ADDRESS <i>108 Wash. St/ Annapolis, Md.</i>			



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200
51 0076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0076
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Lacey

2. DATE
OF
DEATH

Jan 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1619 N. Calhoun St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George Conway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Teresa Montgomery

ADDRESS

1619 N. Calhoun St

18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive Cardio-Vascular Disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-27*, 19*50*, to *1-1*, 19*51*, that I last saw the deceased alive on *1-1*, 19*51*, and that death occurred at *7:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Franklin Phillips

M. D.

23B. ADDRESS

1543 Penna. Ave

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Balto Nat

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

1-4-51

REGISTRAR'S SIGNATURE

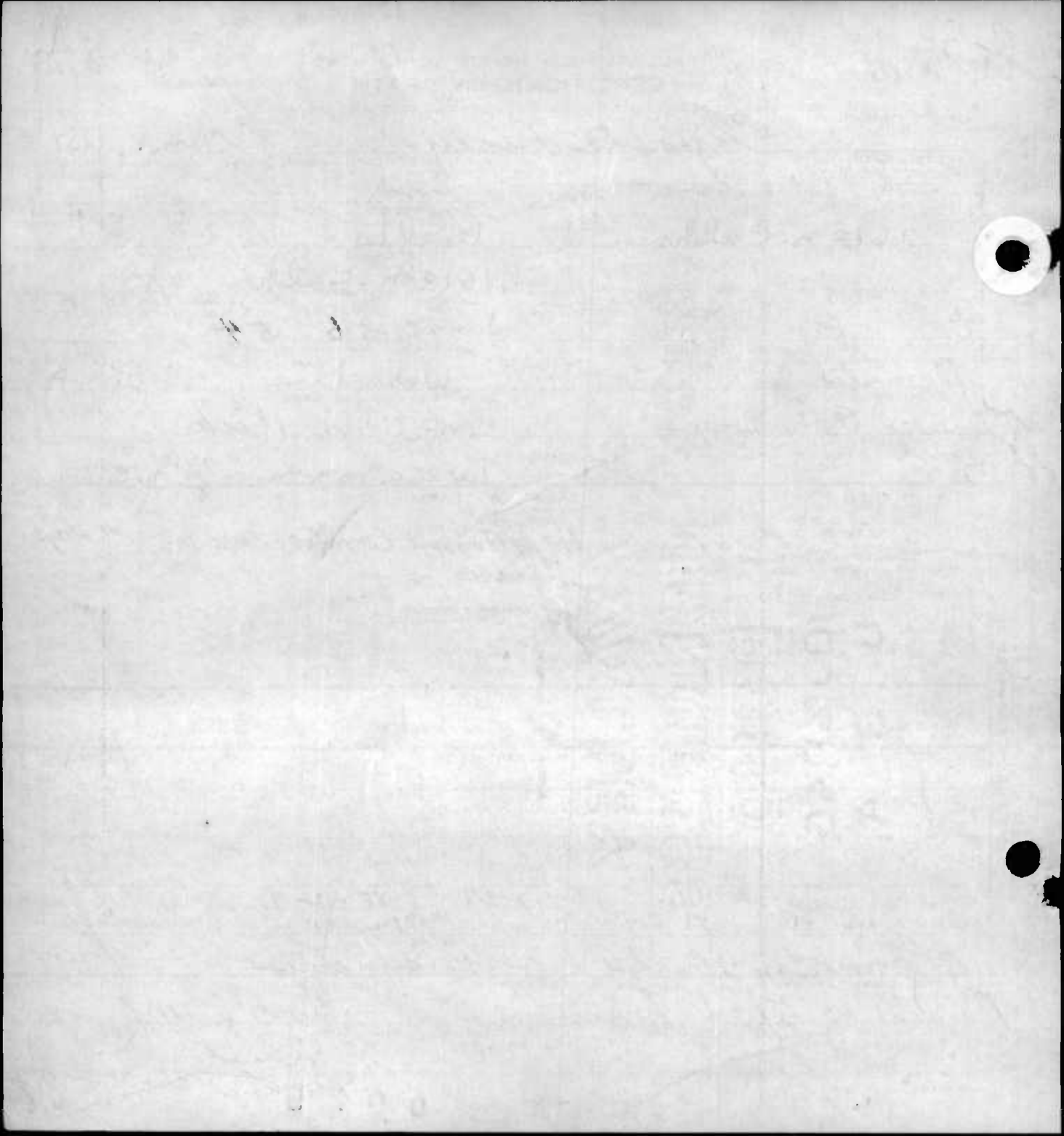
25. FUNERAL DIRECTOR

Rev. H. Nelson

ADDRESS

Presbyterian

19517208A 0073B3 937



PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0077

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>IRENE BROWN</u>		2. DATE OF DEATH <u>January 2, 1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>15-02</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>1849 Lorman Street</u>		E. LENGTH OF STAY IN BALTIMORE Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1/16/1895</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Edward Alton</u>		14. MOTHER'S MAIDEN NAME <u>Lizzie Hicks</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Maggie Randall</u>		ADDRESS <u>1849 Lorman St.</u>	

18. <u>526x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bronchiectasis</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <u>C. J. Williams</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <u>Jan. 2, 1950</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>January 6, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN - 4 1951</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Geo. G. Kelson</u>
ADDRESS <u>1303 Presstman St.</u>		ADDRESS		

724A 0400 H. Kelson 106B

CERTIFICATE OF DEATH
SALMONO - NEW JERSEY DEPARTMENT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0078
Registered No. 51 0078

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE HAMPTON

2. DATE
OF
DEATH

January 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1646 N. Gilmore Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

C

8. DATE OF BIRTH

11/21/50

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

12 10

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Ralph Brown

14. MOTHER'S MAIDEN NAME

Dorothy Hampton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Hampton 1646 N. Gilmore St.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Kelson

23B. CHIEF MEDICAL EXAMINER.....☐

M.D.

23C. DATE SIGNED

Jan. 2, 1951

MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

William H. Kelson

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

V S 151

Geo. G. Kelson 107

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0079

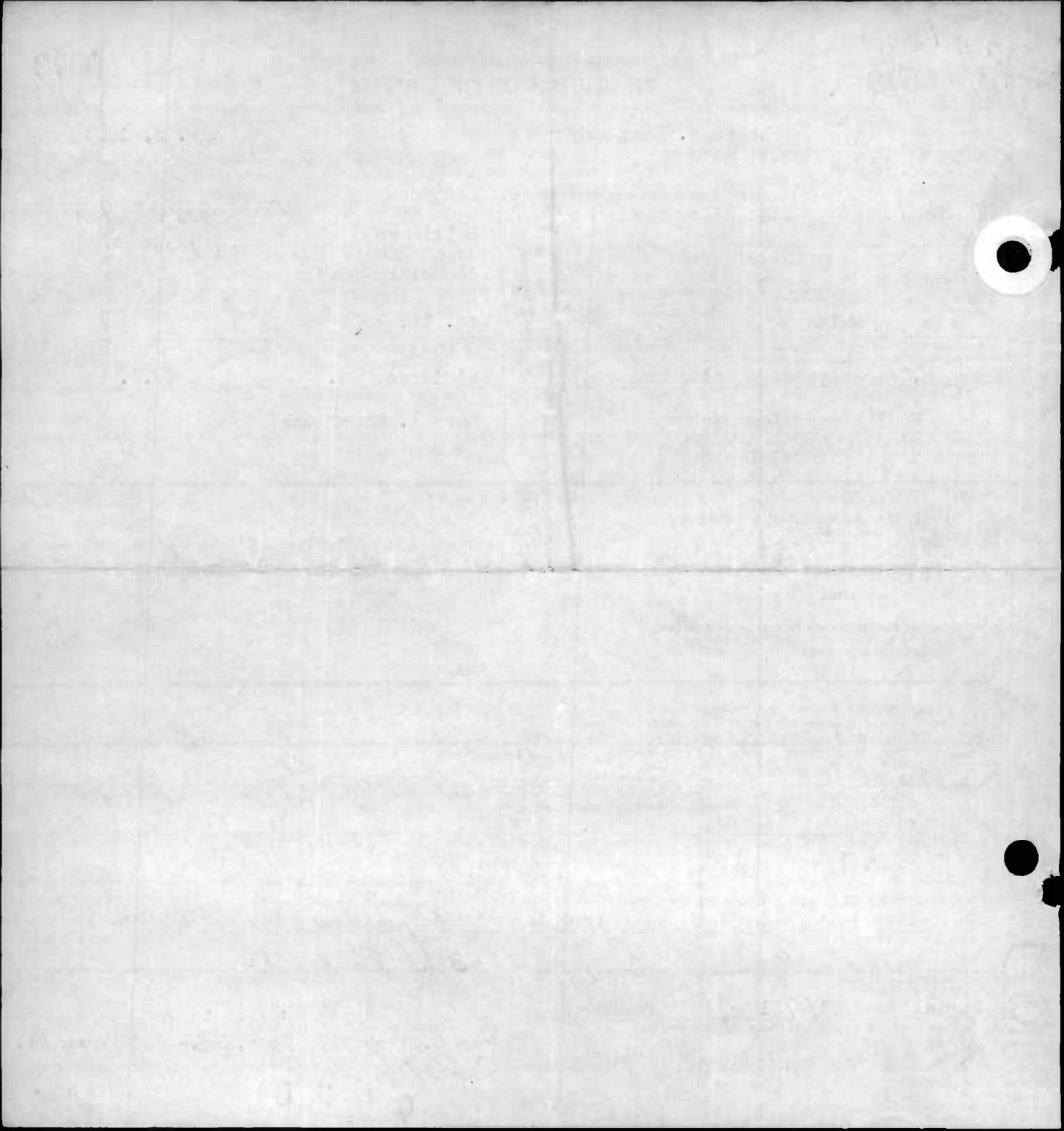
BIRTH NO. 361

1. NAME OF DECEASED (Type or Print) Thomas B. Leatherbury		2. DATE OF DEATH Jan. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION 713 Hollen Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-48	
c. Length of stay in Baltimore life Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 713 Hollen Road	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 26, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman, Stereotypes		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Sun	9. AGE (in years last birthday) 44
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Paul Edward Leatherbury		14. MOTHER'S MAIDEN NAME Mary A. McCormick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO. NEWSPAPER	
17. INFORMANT ADDRESS			

MEDICAL CERTIFICATION

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Branchial cancer of lung, right DUE TO right		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)		

19A. DATE OF OPERATION 14 Sept 1950		19B. MAJOR FINDINGS OF OPERATION Inoperable Cancer of lung, right		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 17 Oct , 19 50 , to 3 Jan , 19 51 ; that I last saw the deceased alive on 2 Jan , 19 51 , and that death occurred at 5:25 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Frank B. Case		23B. ADDRESS M. D. 2843 St. Paul St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1/5/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN - 4 1951		24F. REGISTRAR'S SIGNATURE William Williams	
24G. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		24H. ADDRESS 1900 Eutaw Pl.		24I. DATE RECEIVED BY LOCAL REGISTRAR JAN - 4 1951	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0080

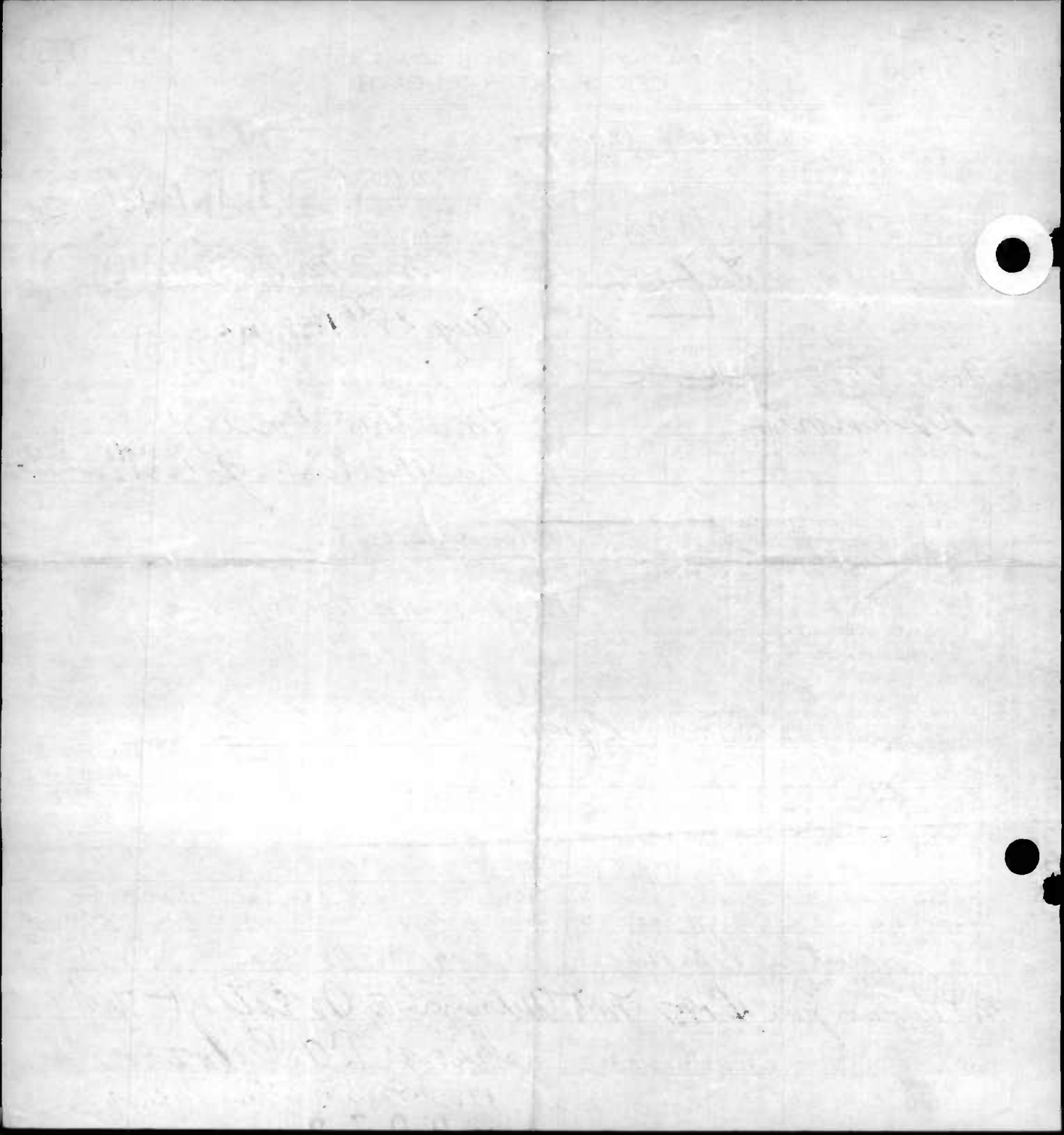
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mathilda Johnson</i>		2. DATE OF DEATH <i>1/1/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>504 Myrtle Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>504 Myrtle Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Aug 28 1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Kossing</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mr. William Johnson</i>		18. ADDRESS <i>848 Pierce</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Atherosclerosis</i> DUE TO (B) <i>Hypertensive Heart Disease</i> DUE TO (C) <i>Myocardial Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 1951, to <i>Jan 1</i> , 1951, that I last saw the deceased alive on <i>Jan 1</i> , 1951, and that death occurred at <i>12:01 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert L. Bonfield</i>		23B. ADDRESS <i>504 Myrtle Ave</i>		23C. DATE SIGNED <i>1/1/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Jan 4 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Lutheran Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Trinity Lutheran Cemetery</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN - 4 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR <i>George T. A. Gilman</i>	
ADDRESS <i>1735 Druid Hill Ave.</i>		ADDRESS <i>937</i>		ADDRESS <i>937</i>	



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HORACE WATERS LAIR, SR.

2. DATE
OF
DEATH Jan. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1316 N. Bentalou St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

John Lair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

B. DATE OF BIRTH

Nov. 18, 1868

9. AGE (in years last birthday)

82

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lucinda Rittenhouse

17. INFORMANT

ADDRESS

Mr. Warner D. Heim, Jr. 819 Dartmouth Rd.

CAUSE OF DEATH

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Congestive Cardiac Failure

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-vascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 10/18/50 to 1/3/51, 19__, that I last saw the deceased alive on 1/2/51, 19__, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

1/4/51

M. O.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

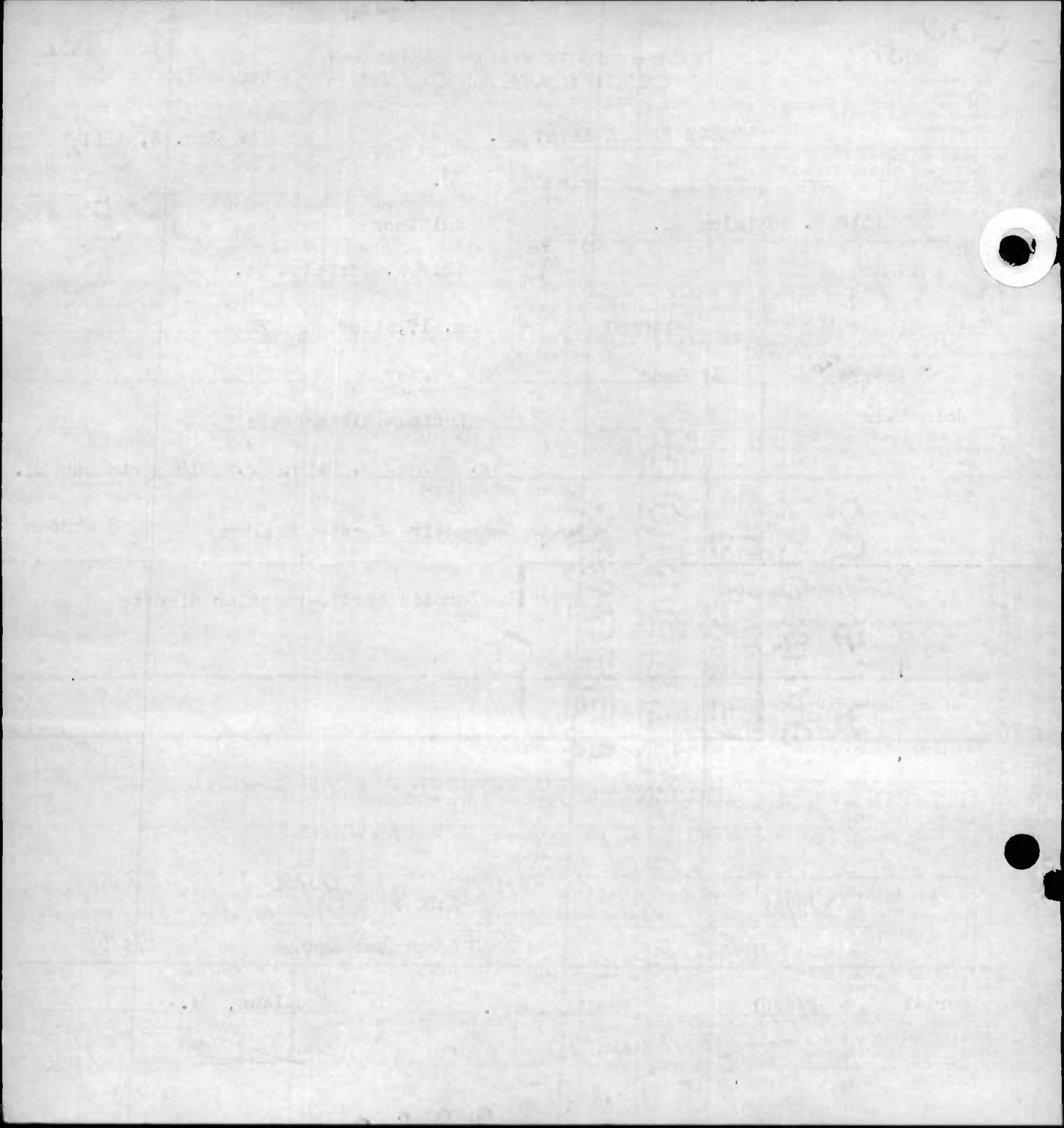
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Son - Balt

ADDRESS



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0082
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WALTER S. NOYES, SR.

2. DATE
OF DEATH Jan. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 3508 Clifton Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

carpenter

10B. KIND OF BUSINESS OR INDUSTRY

building trade

13. FATHER'S NAME

Benjamin B. Noyes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
none

16. SOCIAL SECURITY NO.
none

8. DATE OF BIRTH

July 2, 1866

9. AGE (In years last birthday)

84

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Neva Scott

17. INFORMANT

ADDRESS

Mr. Benjamin B. Noyes - 3508 Clifton Ave

1B. 177 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(D)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11/3, 1950, to 1/3, 1951 that I last saw the deceased alive on 1/3, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Methodist Ch. Cem.

24D. LOCATION (City, town, or county)

Reisterstown, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickner & Sons - Balt.

VS 150

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51B Md.

1900

THE UNIVERSITY OF CHICAGO

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 0083
Registered No.

300
51 0083
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLEMMIE (Reid) RIED (emw)		2. DATE OF DEATH Jan. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Loreley	
D. STREET ADDRESS (If rural, give location) 5200		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-24-1906
9. AGE (In years last birthday) 44		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Lomb		14. MOTHER'S MAIDEN NAME Julea	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Lloyd Reid Loreley Md Balto Co		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary edema DUE TO Hypertensive heart disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDIION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Jan. 2, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **1-5-51** 24C. NAME OF CEMETERY OR CREMATORY **MT Calvary Cem A. A. Co** 24D. LOCATION (City, town, or county) (State) **Md**

DATE RECEIVED BY LOCAL REGISTRAR **JAN - 4 1951** REGISTRAR'S SIGNATURE **William M. Sanders** 25. FUNERAL DIRECTOR **Payner Sanders** ADDRESS **937**

V S 151 **1412 E. Preston St**

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0084

BIRTH NO. 51 0084

1. NAME OF DECEASED
(Type or Print)

ELIZABETH MAE WOODWARD

2. DATE

OF DEATH January 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

117 E. Hamburg Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

117 E. Hamburg Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

10-15-10

9. AGE (In years last birthday)

11 Under 1 Year
Months: Days

2

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Helen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 757.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital hydronephrosis

DUE TO ureteral valve

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-8-51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Balto.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

V S 151

1951 130 808-157H

CRITICALLY ILL OR DEAD
DATE OF DEATH

DATE OF DEATH

CRITICALLY ILL OR DEAD

194

1940

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

CRITICALLY ILL OR DEAD
DATE OF DEATH

CRITICALLY ILL OR DEAD

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0085
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA BAHLMAN

2. DATE
OF
DEATH

1/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland I27 E. Clement St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

00

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Knox & Co.

13. FATHER'S NAME

Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

8 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Generalized arterio sclerosis

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/26/50, 19__, to 1/3/51, 19__, that I last saw the deceased alive on 1/2/51, 19__, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

1/4/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

James L. Williams

ADDRESS

- 130 E. Fort Ave.

VS 150

19510000084

83a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0086

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY MARGARET COPINGER

2. DATE
OF
DEATH

Jan. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2048 Linden Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2048 Linden Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

?

May

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Jan. 12, 1859

9. AGE (in years last birthday)

91

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Mr. Roger B. Copinger - 6902 Avondale Rd.

18. 442X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

Arteriosclerotic Cardiovascular renal disease with Hypertension Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

years years.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to 3 Jan 1951, that I last saw the deceased alive on 25 Dec, 1950, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 4 1951

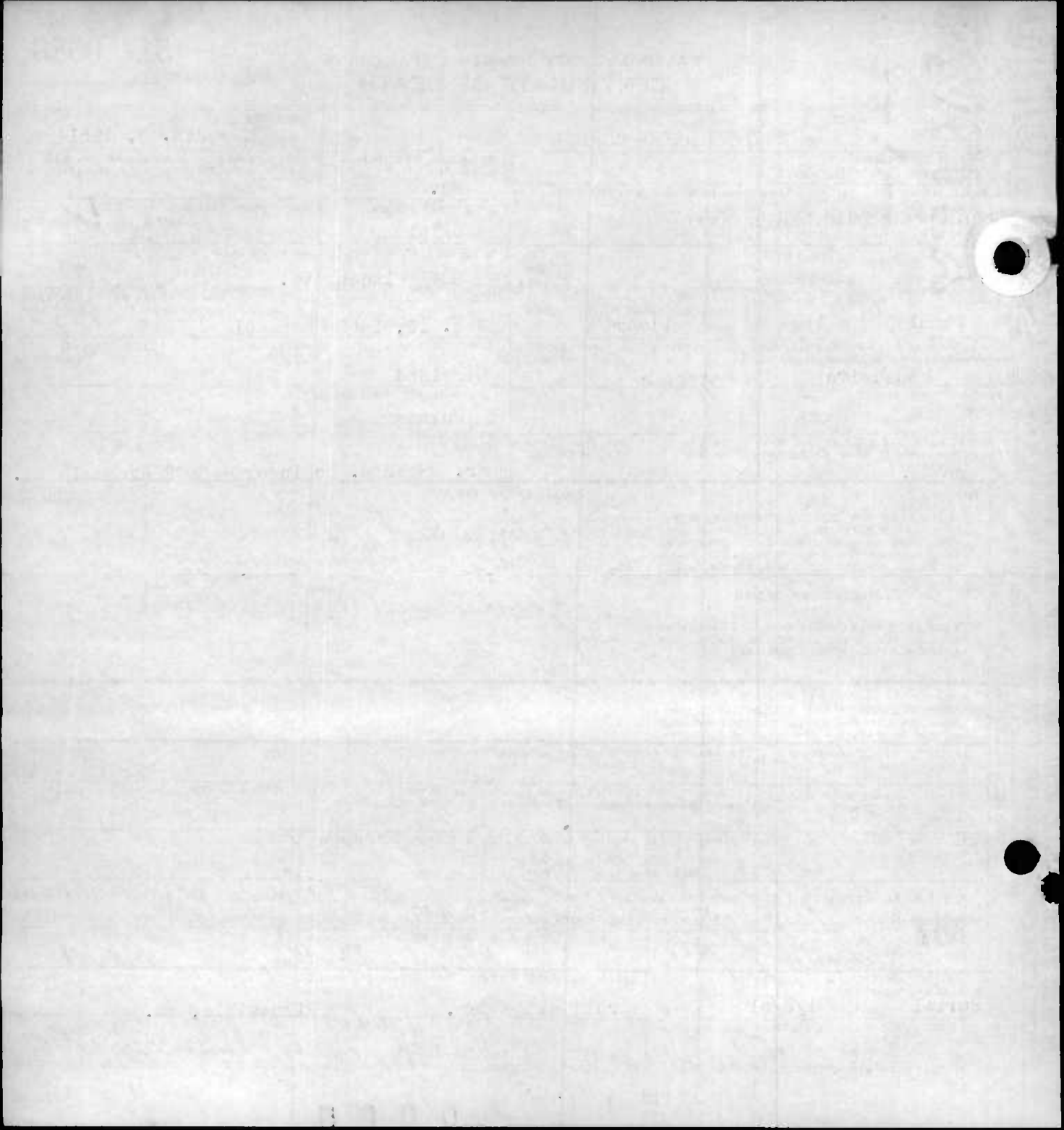
William H. Williams, Jr.

Wm. J. Pickens & Sons - Catonsville, Md.

VS 150

195100000000

131a



PLEASE WRITE IN INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET E. MARKEY

2. DATE

OF DEATH Jan. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2301 Oswego Ave.

Yrs.

Mos.

Days

Length of stay in Baltimore

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 13, 1863

9. AGE (in years last birthday)

87

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Noah Klinefelter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth

17. INFORMANT

ADDRESS

Mrs. Florence E. Stonesifer-2301 Oswego Ave

18. 4 yrs. 2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis
DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 3, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

F. L. DeBarber

M. D.

4723 Paul Heights Rd. Jan 4 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/6/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

IAN - 4 1951

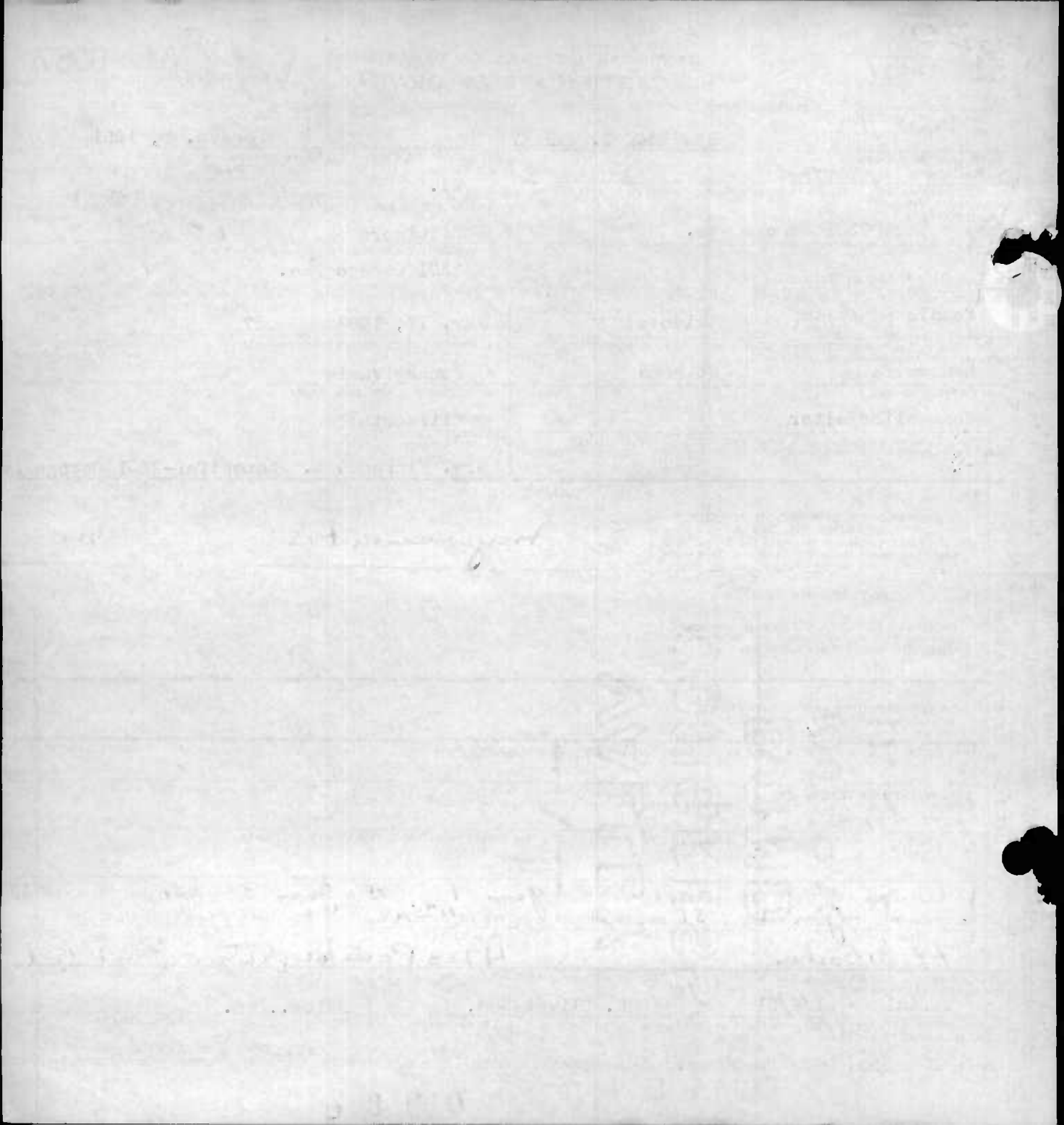
William Williams, Jr.

Wm. J. Pickner & Sons - Balto. Md.

VS 150

019510000086

93E



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 0088
Registered No. 51. 0088

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SR. MARY DRUSIANA

O.S.F.

2. DATE
OF
DEATH

1/3/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. JOSEPH'S HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

Harford

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

HAVER de GRACE

d. STREET ADDRESS (If rural, give location)

6235

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9-8-1881

9. AGE (In years;
last birthday)

69

If Under 1 Year
Months: Days

If Under 24 hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bavaria, Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Kirmeier

14. MOTHER'S MAIDEN NAME

Walburga Holzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) metastatic carcinoma
DUE TO carcinoma of stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

10/19/50

19B. MAJOR FINDINGS OF OPERATION

Extensive carcinoma of stomach metastatic with

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2/50, 19__, to 1/3/51, 19__, that I last saw the
deceased alive on 1/3/51, 19__, and that death occurred at 11:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Maddens Swinski

M. O.

23B. ADDRESS

St. Joseph's Hosp

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN - 4 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

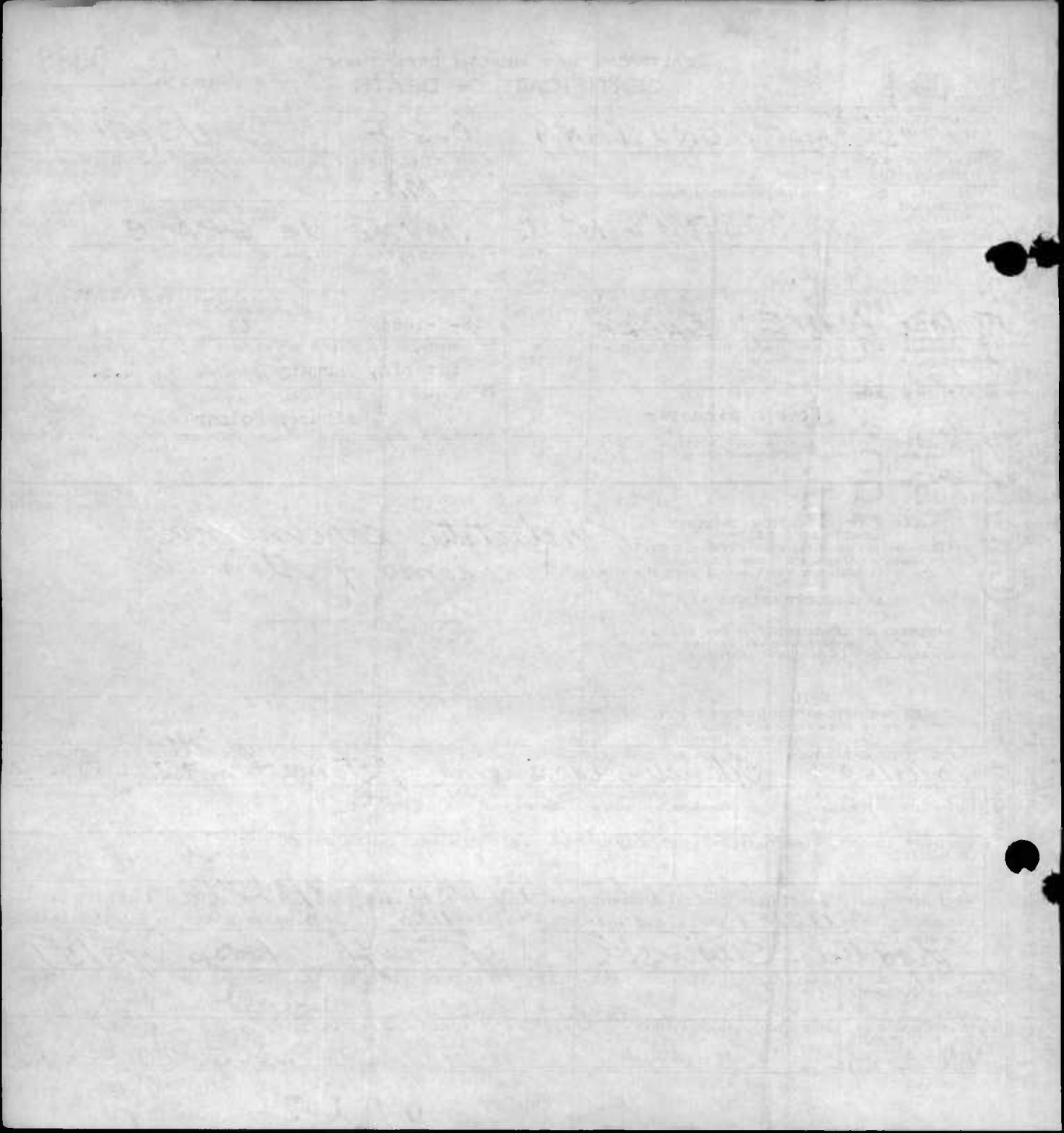
ADDRESS

5305 Warford Rd

VS 150

12510000007

46B



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 0089

BIRTH NO. 51 0089

1. NAME OF DECEASED (Type or Print) FREDERICK G. GRILL		2. DATE OF DEATH January 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3016 Woodhome Avenue	

5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 21-1890	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10B. KIND OF BUSINESS OR INDUSTRY Natl. Casket Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Grill			14. MOTHER'S MAIDEN NAME Amelia Sommers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Anna B. grill		
				ADDRESS 3016 Woodhome		

18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac tamponade	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) rupture of dissecting aneurysm of aorta into pericardial sac	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley K. Dunsen M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED January 4, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/6/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR JAN - 4 1951		REGISTRAR'S SIGNATURE Washington Williams		25. FUNERAL DIRECTOR L. J. Tuck ADDRESS 5305 Harford Rd	

50532 000088 307

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR PHYSICIAN'S SIGNATURE.

TEMPERATURE, PULSE, AND BLOOD PRESSURE
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

AGE

SEX

WEIGHT

HEIGHT

HAIR

EYES

SKIN

TEETH

NOSE

THROAT

HEART

LUNGS

LIVER

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

POST-MORTEM FINDINGS

TOPOGRAPHY

CLIMATE

WATER

FOOD

DRUGS

ALCOHOL

TABACCO

OTHER

5000

K-51 520 0090

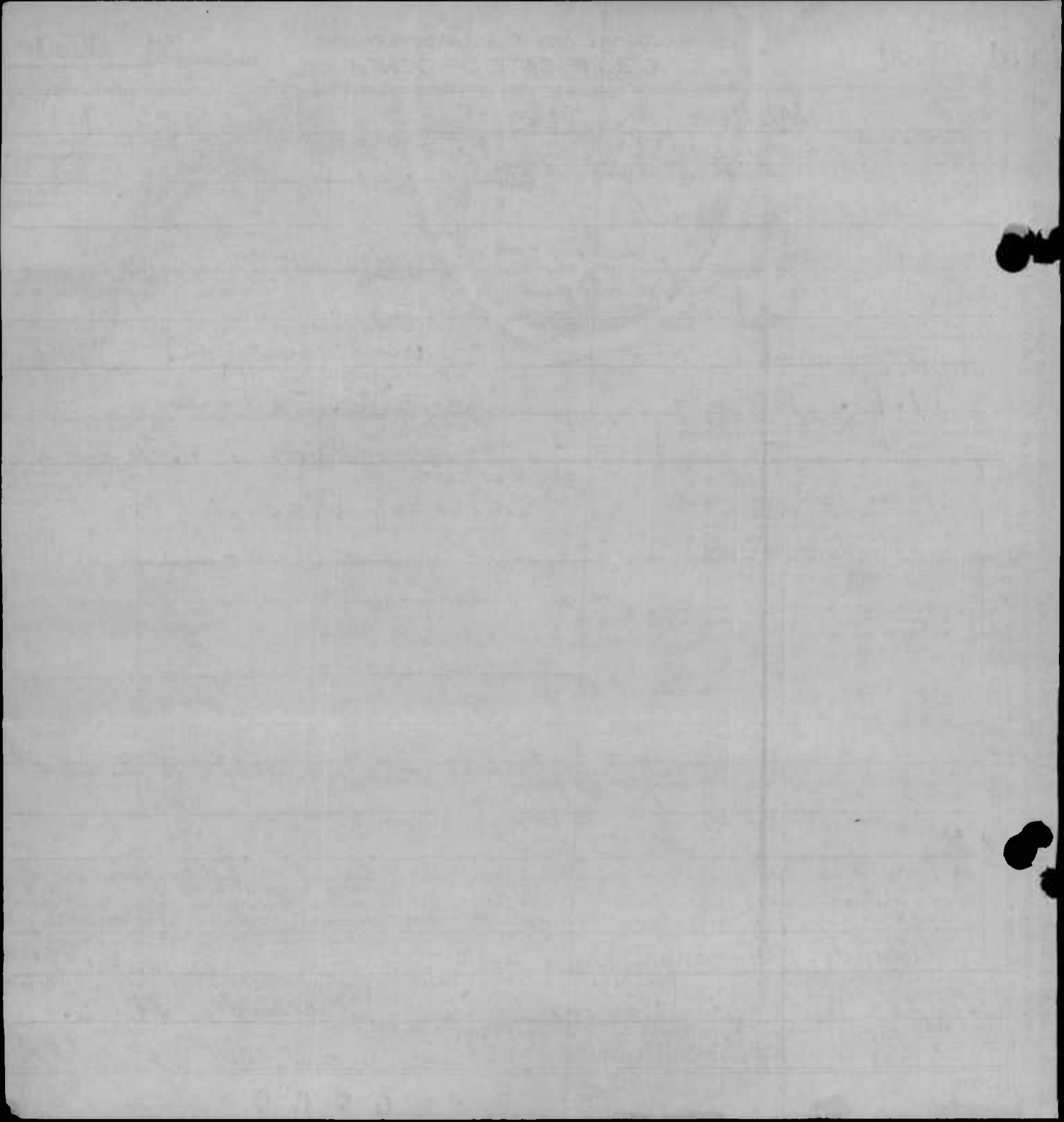
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0090

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mattie M. King			2. DATE OF DEATH Jan. 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4018 Hayward Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE M.C. B. COUNTY Greene					
B. FULL NAME OF HOSPITAL OR INSTITUTION 4018 Hayward Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenville					
c. Length of stay in Baltimore 6 days			D. STREET ADDRESS (If rural, give location) Country Club Drive					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1870			9. AGE (In years last birthday) 80		10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Craven County, N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME W.B. Moye			14. MOTHER'S MAIDEN NAME Mattie E. Edwards			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mr. Howard King			ADDRESS 4018 Hayward Ave		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(A) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE Wm. H. Kammer, Jr.			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>			23C. DATE SIGNED Jan. 4, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Jan 6/51			24C. NAME OF CEMETERY OR CREMATORY Cherry Hill		
24D. LOCATION (City, town, or county) (State) Greenville, M.C.			24E. FUNERAL DIRECTOR Loring Myers			24F. ADDRESS 5005 E. Highway		

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-240
51 0091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0091
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert C. Russell

2. DATE
OF
DEATH

1/2/51 4⁴⁵ PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

607 W. Cross St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

21-01

D. STREET ADDRESS (If rural, give location)

607 W. Cross St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/3/1899

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City
Street Cleaning Dept

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert C. Russell

14. MOTHER'S MAIDEN NAME

Carrie F. Markell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

May T. Russell 607 W. Cross St.

18. 416X and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Failure

DUE TO

da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

DUE TO

5yr

(C) Diabetes Mellitus

DUE TO

5yr

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8/45, 19, to 1-2, 1951 that I last saw the
deceased alive on 1/2, 1951 and that death occurred at 4:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph S. Lankaster M. D.

6796 Washington Blvd

1/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/5/51

London Park

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 5 1951

William H. Williams

Wm Cook Inc. 1217 St. Paul St.

VS 150

97093

61

1800

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ASTOR LENOX TILDEN FOUNDATION

1800

1800

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640

51 0092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0092

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>HARVEY W. TRAIL</u>			2. DATE OF DEATH <u>Jan. 2, 1951</u>											
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>											
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3005 Erdman Ave.</u>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>											
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>						D. STREET ADDRESS (If rural, give location) <u>3005 Erdman Ave.</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		B. DATE OF BIRTH <u>Apr. 20, 1890</u>		9. AGE (In years last birthday) <u>60</u>		H Under 1 Year Months: Days		H Under 24 Hours Hours: Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Egg Business</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>Self</u>				11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>				12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME <u>Harvey W. Trail</u>						14. MOTHER'S MAIDEN NAME <u>Narcisus Lester</u>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>WW1</u>				17. INFORMANT <u>Mrs E.M. Trail</u>				ADDRESS <u>3005 Erdman Ave.</u>					
18. <u>451X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Aneurysm of abdominal Aorta Oct. 1949</u> DUE TO <u>Arteriosclerosis</u> (over)												INTERVAL BETWEEN ONSET AND DEATH					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)																	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.																	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)									
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <u>October 10, 1949</u> to <u>Jan 2, 1951</u> , that I last saw the deceased alive on <u>Jan 2, 1951</u> , and that death occurred at <u>5:45 p. m.</u> , from the causes and on the date stated above.																	
23A. SIGNATURE <u>Samuel S. Prang</u>				M. D. <u>2117 Belair Rd</u>				23B. ADDRESS				23C. DATE SIGNED <u>1-4-51</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24B. DATE <u>1/6/51</u>				24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>				24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN - 5 1951</u>				REGISTRAR'S SIGNATURE <u>Wm. H. Williams</u>				25. FUNERAL DIRECTOR <u>1217 87 Paul St</u>				ADDRESS					

VS 150

1951 2006A 0091

96

"Aortic aneurysm arteriosclerotic in origin"

See Document File 51-0092

ES

Was aortic aneurysm

arteriosclerotic or syphilitic
in origin?

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID ALBOM

2. DATE OF DEATH

Jan 5 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Singi Hosp

C. CITY OR TOWN

BALTO.

D. STREET ADDRESS (If rural, give location)

3623 LUCILLE AVE

c. Length of stay in Baltimore

45

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

63

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BUTCHER

10B. KIND OF BUSINESS OR INDUSTRY

(R)

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

109 ALBOM - 3623 LUCILLE AVE.

18.

525X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Chronic pulmonary fibrosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 3*, 19*51*, to *Jan 5*, 19*51*, that I last saw the deceased alive on *Jan 5*, 19*51*, and that death occurred at *145th* m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin White M. D.

23B. ADDRESS

Sinai Hosp. Bldg

23C. DATE SIGNED

1/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/5/1951

Rosedale

Balto

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 51951

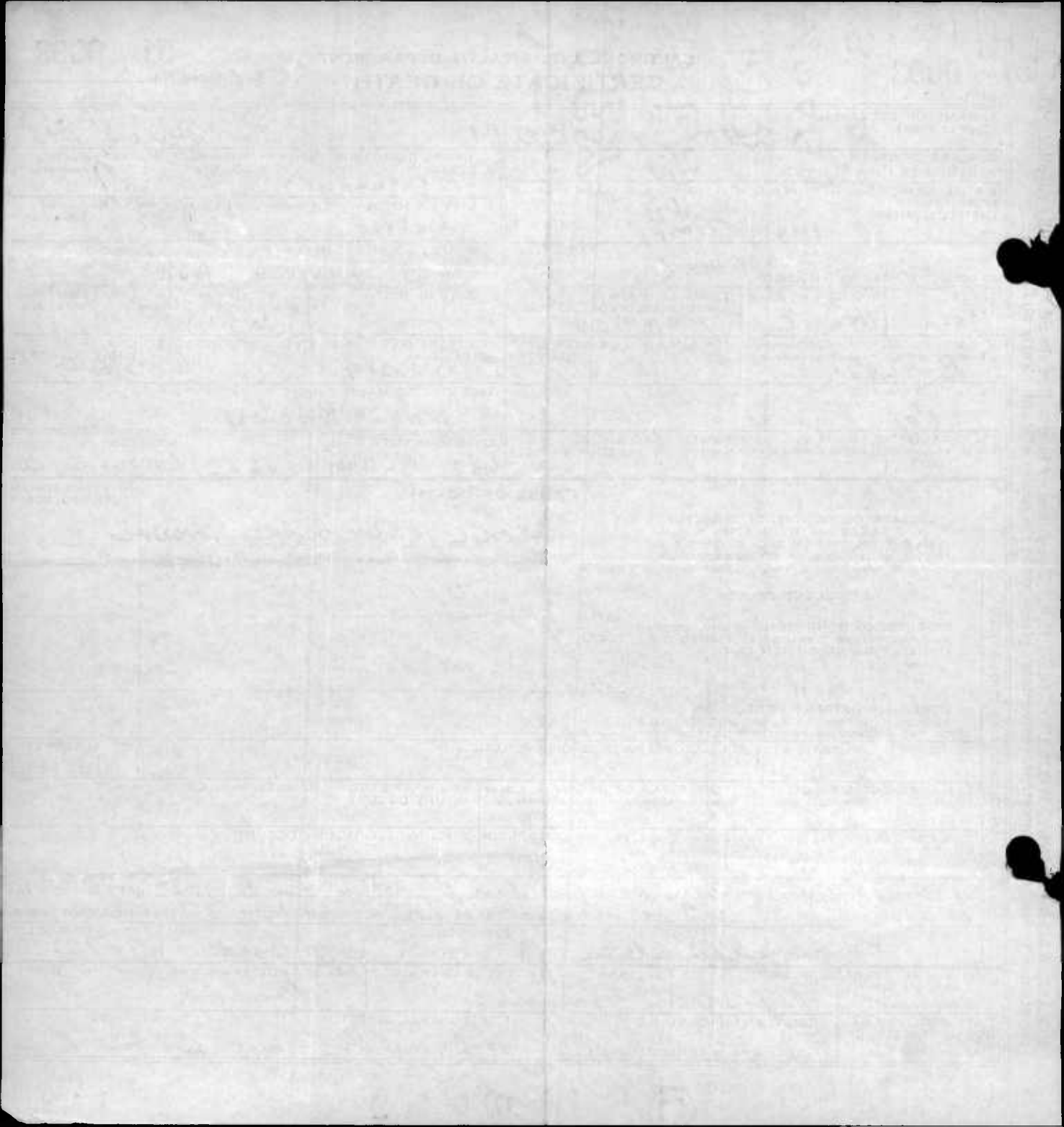
William Williams

Jack Lewis Inc - 2100 Eutaw Pl

VS 150

1951 06446A0092

114E



PLEASE WRITE PAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

632
51 0094
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0094
Registered No.

1. NAME OF DECEASED (Type or Print) NATHAN WURTZBURGER			2. DATE OF DEATH JAN 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2619 AILSA AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2619 AILSA AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH JAN-18-1877	9. AGE (In years last birthday) 73	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			11. BIRTHPLACE (State or foreign country) BALTIMORE		
10B. KIND OF BUSINESS OR INDUSTRY SALESMAN			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME NOT KNOWN			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT A. WURTZBURGER			ADDRESS 2619 AILSA AVE		

18. 591X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Memia (Conna) DUE TO (B) Chronic Paroxysmal Atrial Fibrillation DUE TO (C) Chronic Myocarditis	INTERVAL BETWEEN ONSET AND DEATH 24 hours 3 years 5 years
---	---	---

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 10 , 19 50 , to Jan 3rd , 19 51 , that I last saw the deceased alive on Jan 2nd , 19 51 , and that death occurred at 11 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. George H. H. H.		23B. ADDRESS 5106 Harbor Road		23C. DATE SIGNED 1-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1/5/51		24C. NAME OF CEMETERY OR CREMATORY WESTERN	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR Blanche F. Hoffman			
DATE RECEIVED BY LOCAL REGISTRAR JAN - 5 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		ADDRESS 1639 Broadway	

1/2 Gandy
5/16 Buford Rd

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PLEASE WRITE PAINFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

T-536
51 0095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0095
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK TONTRUP

2. DATE
OF
DEATH

JAN. 4. 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

3430 ADDRESS

MRS. J. HERBERICH LEVERTON AVE

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

GENERALIZED ARTERIOSCLEROSIS

10 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CEREBRAL THROMBOSIS

6 MOS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

RIGHT HEMIPLEGIA

6 MOS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from JULY 18, 1950, to JAN. 4, 1951, that I last saw the
deceased alive on JAN 3, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN - 5 1951

Christington Williams, Jr.

Blumen F. Hoffman 1639 Broadway

VS 150

1955 JAN 20 00094

830

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

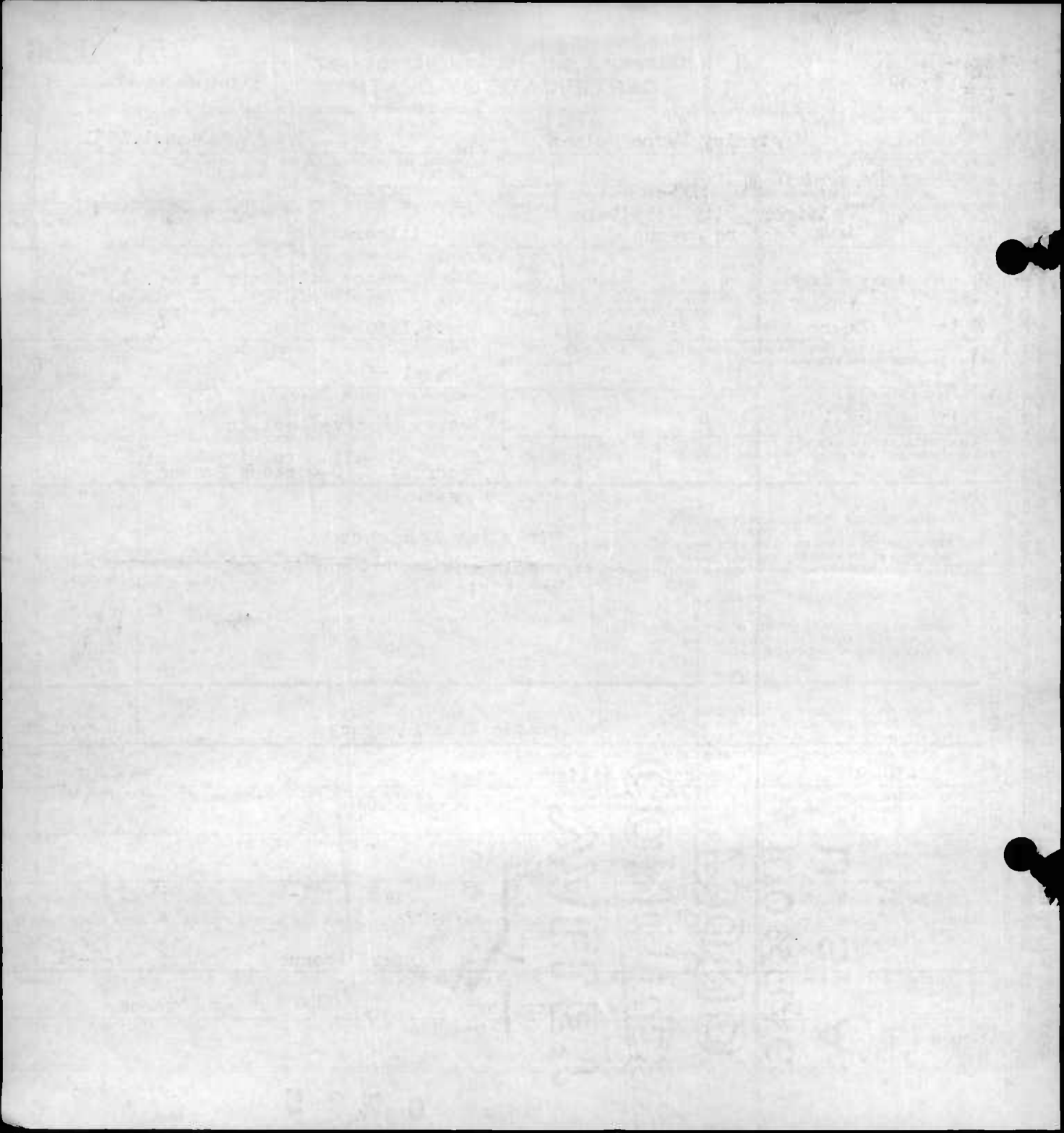
51. 0096
Registered No.

452
ND-143598
BIRTH NO. 50-15953

1. NAME OF DECEASED (Type or Print) Stanley Wayne Holmes		2. DATE OF DEATH Jan. 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1204 Lawrence St. (Laurens St.) (17)	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 5, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Tilmer Hodges		14. MOTHER'S MAIDEN NAME Minerva (Maneva) Holmes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue			

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Liver Insufficiency DUE TO Homologous Serum Reaction and Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 4 months 4 months
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pancreatic Insufficiency		4 months
19A. DATE OF OPERATION 12-18-50	19B. MAJOR FINDINGS OF OPERATION Laparotomy Biliary System	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-22, 1950, to 1-1, 1951, that I last saw the deceased alive on 1-1, 1951, and that death occurred at 4:07 a. m., from the causes and on the date stated above.		
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue
23C. DATE SIGNED 1-2-51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 1-1-51	24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		(State)
DATE RECEIVED BY LOCAL REGISTRAR JAN - 5 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1911

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of coroner</p>	

PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0098

BIRTH NO. 51 0098 50-28520

1. NAME OF DECEASED (Type or Print) <i>Eugene Boggs</i>		2. DATE OF DEATH <i>January 2, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE <i>md.</i> b. CITY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>3</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1708 W. Lafayette Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12-30-50</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Boggs</i>		14. MOTHER'S MAIDEN NAME <i>Eugenia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>760.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Hemorrhage - intracranial</i>	
ANTECEDENT CAUSES	(B) <i>Liver insufficiency ?</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Cardiac failure ?</i>	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-30, 1950* to *1-2, 1951*, that I last saw the deceased alive on *1-2, 1951*, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE *H. H. Hill* M. D. 23b. ADDRESS *THE JOHNS HOPKINS HOSPITAL* 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Jan 5</i>	24b. DATE <i>Jan 5</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Not Auburn</i>	24d. LOCATION (City, town, or county) (State) <i>Balt md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>W. Halstead</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>Halstead - 918 - Almid Hill Ave. 160a</i>	

PLEASE WRITE IN INK. Every item of information should be clearly and correctly stated. If the age is especially important, please write the causes of death clearly and in full.

5-616 0099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0099

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George C Gerber

2. DATE
OF
DEATH

JAN-2-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Garbenter

10B. KIND OF BUSINESS OR INDUSTRY

Butler Bros.

13. FATHER'S NAME

John M. Gerber

CONL. 4010 (W)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

218-07-2605

8. DATE OF BIRTH

MAR-5-1878

9. AGE (In years last birthday)

72

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

SARAH E. MEYERS

17. INFORMANT

ADDRESS

Grace E. Gerber - SAME

18. 430-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

5 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic C-V-D

6 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1947, to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Rosenthal

M.O.

23B. ADDRESS

2436 Washington Blvd

23C. DATE SIGNED

1/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/5/51

24C. NAME OF CEMETERY OR CREMATORY

Lauder Park Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 5 - 1951

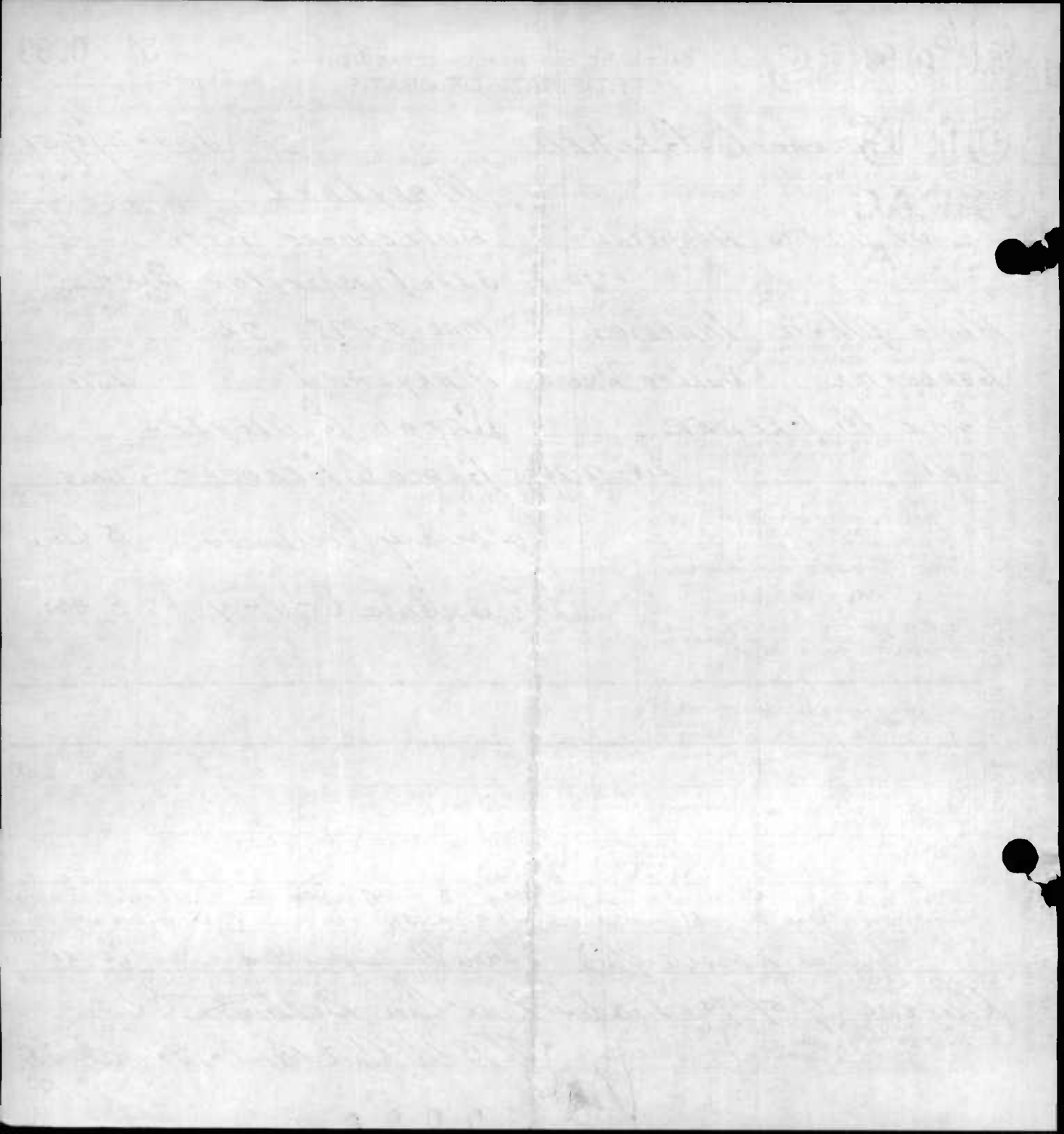
REGISTRAR'S SIGNATURE

Huntington Williams, M.

25. FUNERAL DIRECTOR

G. B. Whiffet & Son - 1300 E. 1st St

ADDRESS



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0100
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Essie Upshur

2. DATE OF DEATH

Jan 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *Md* B. COUNTY *16*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

842 Fulton Ave N.

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/17/46

9. AGE (in years last birthday)

5

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Child.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.-A

13. FATHER'S NAME

Joseph Upshur

14. MOTHER'S MAIDEN NAME

Julie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

THE JOHNS HOPKINS HOSPITAL

ADDRESS

18.

193X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Leuroblastoma

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/2/51*, 19*51*, to *1/3*, 19*51*, that I last saw the deceased alive on *1/3*, 19*51* and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Sheldon Rystovsky, D.O.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/7/50

24C. NAME OF CEMETERY OR CREMATORY

MT Zion

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 5 - 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Charles A. Rice - 661 W. Barre St.

ADDRESS

VS 150

19510000099

54B

0010

[Faint, illegible handwriting and bleed-through from the reverse side of the page are visible throughout the document.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0101

BIRTH NO. 51 0101

1. NAME OF DECEASED (Type or Print) HENRY MANSFIELD		2. DATE OF DEATH January 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 532 W. Conway Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02	
D. STREET ADDRESS (If rural, give location) 532 W. Conway Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 24, 1898
9. AGE (In years last birthday) 52		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labauer		10B. KIND OF BUSINESS OR INDUSTRY general	
11. BIRTHPLACE (State or foreign country) White Post Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Mansfield Sr		14. MOTHER'S MAIDEN NAME Pussie Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 207-07-9235	
17. INFORMANT Mrs Genera Mansfield		ADDRESS 532 W. Conway St	

MEDICAL CERTIFICATION

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Jan. 4, 1951	
24A. BURIAL, CREMATION, or other disposal (Specify) Burial	24B. DATE Jan 10, 1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951		REGISTRAR'S SIGNATURE Winston Williams, M.D.		25. FUNERAL DIRECTOR, ADDRESS Joseph A. Lively 661 West Bank St	

B-653
B-346
B-5530102 VONZELLA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0102
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Oruzella P. Barnett (Butler) Bundy</i>		2. DATE OF DEATH <i>1/1/51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1441 E. Monument St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1441 E. Monument St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4/26/1894</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>56</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Ind.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Barnett</i>		14. MOTHER'S MAIDEN NAME <i>Carrie Nichols</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>218-14-5716</i>	
17. INFORMANT <i>Benjamin H. Bundy</i>		ADDRESS <i>1441 E. Monument St.</i>	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Arteriosclerosis Hypertension</i> DUE TO (C) <i>Chronic Nephritis</i> <i>None</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>Cough years</i> <i>Cough years</i>
---	---	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

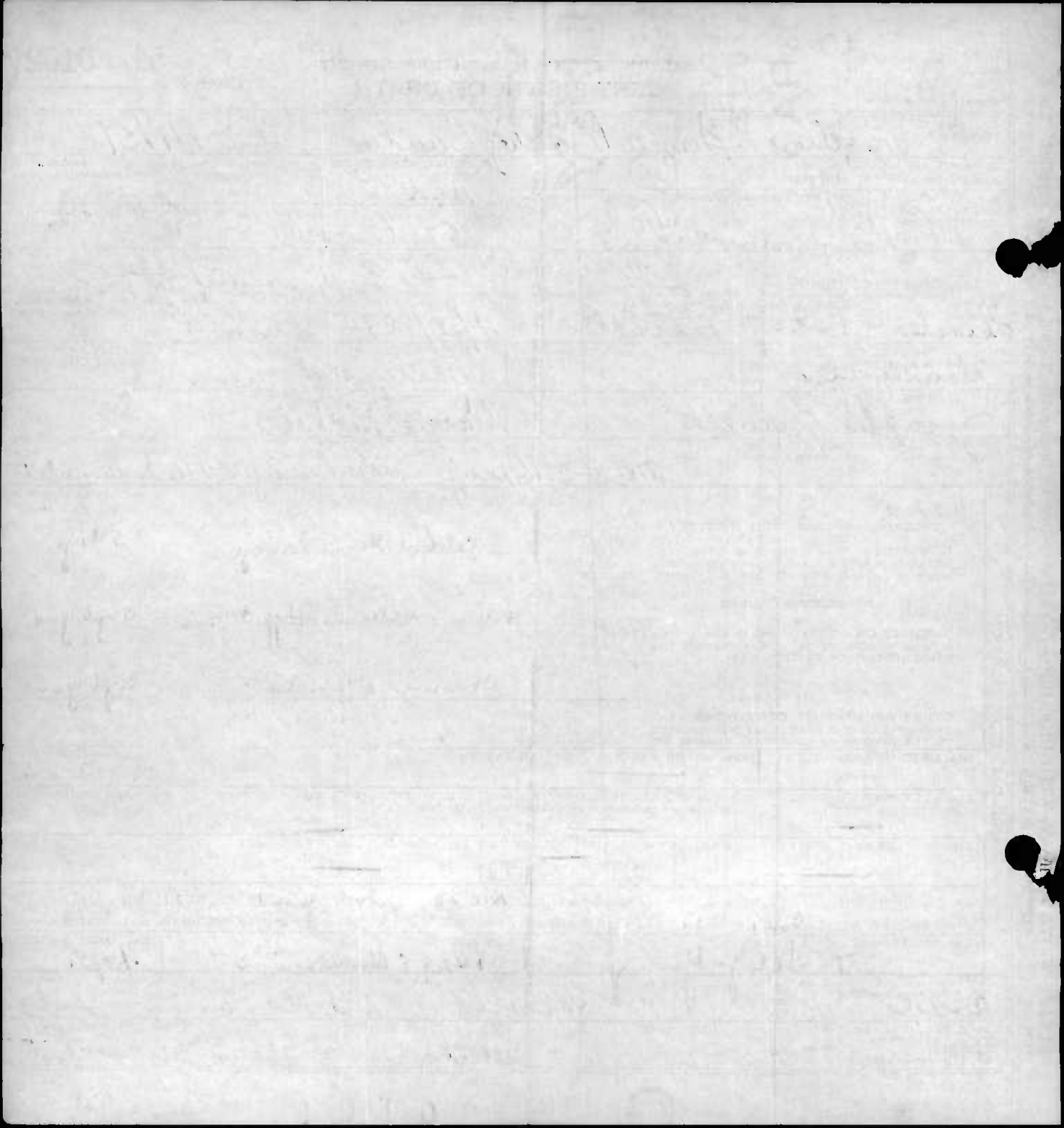
22. I hereby certify that I attended the deceased from *Dec 28*, 19*50* to *Jan 1*, 19*51*, that I last saw the deceased alive on *Jan 1*, 19*51*, and that death occurred at *5:45 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Ralph J. Young</i>	23B. ADDRESS <i>1429 E. Monument St.</i>	23C. DATE SIGNED <i>1/3/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>1/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Ind</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5-1951</i>	REGISTRAR'S SIGNATURE <i>Washington Williams</i>	25. FUNERAL DIRECTOR <i>Robert L. Young</i>	ADDRESS <i>1531 E. Monument St.</i>

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE IN INK. Every item of information should be carefully written in ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important. The applied.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0103
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Harnecke

2. DATE
OF
DEATH

July 5/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3722 Hillside Road.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary occlusion*

3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary arteriosclerosis*

10 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Generalized arteriosclerosis
Chronic myocarditis*

15 + yrs.

12 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 21, 1938* to *July 5, 1951*, that I last saw the deceased alive on *January 2, 1951*, and that death occurred at *6 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 5 - 1951

for William H. Harnecke

4204 Ridgewood Ave.

VS 150

280 175 000 102

927

PLEASE WRITE IN PENCIL. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0104

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA LEE

2. DATE
OF
DEATH

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1133 N. Gilman St.

C. Length of stay in Baltimore

6 days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 9, 1892

9. AGE (in years)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Ret. family

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Williams

14. MOTHER'S MAIDEN NAME

Mattha Hatten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clara Batty 1507 Broad St.

18. E 812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DOE TO fracture of right femur

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DOE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senile psychosis

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

North
1100 block of Gilmore Street

16/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

October 28, 1950 10.30 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

Jan. 3, 1951

M.D.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

W. L. Auburn Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 5 - 1951

163 Druid Hill Ave.

VS 151

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 0105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0105
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) MAGDALENA GARDYAN - GARDNER		
2. DATE OF DEATH January 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 244 S. Ann Street		
6. STREET ADDRESS (If rural, give location) 244 S. Ann Street		
7. LENGTH OF STAY IN BALTIMORE 60 yrs		
8. SEX Female		
9. COLOR OR RACE White		
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
11. DATE OF BIRTH Unknown		
12. AGE (In years last birthday) 76		
13. BIRTHPLACE (State or foreign country) Poznan, Poland		
14. CITIZEN OF WHAT COUNTRY? USA		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household		
16. KIND OF BUSINESS OR INDUSTRY		
17. FATHER'S NAME Janowiak		
18. MOTHER'S MAIDEN NAME Magdalena Budna		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
20. SOCIAL SECURITY NO.		
21. INFORMANT ADDRESS Mrs. Mary Zibron, 244 S. Ann Street		
22. CAUSE OF DEATH		
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Disease		
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Hypertension		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		
26. DATE OF OPERATION None		
27. MAJOR FINDINGS OF OPERATION None		
28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None		
32. TIME (Month) (Day) (Year) (Hour) OF INJURY None		
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
34. HOW DID INJURY OCCUR? None		
35. I hereby certify that I attended the deceased from 1-1-1951 , to 1-3-1951 , that I last saw the deceased alive on 1-3-1951 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.		
36. SIGNATURE E. Schinner		
37. ADDRESS 842 J. East Ave.		
38. DATE SIGNED 1-4-51		
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		
40. DATE 1/6/51		
41. NAME OF CEMETERY OR CREMATORY St. Stanislaus		
42. LOCATION (City, town, or county) (State) Baltimore, Maryland		
43. DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951		
44. REGISTRAR'S SIGNATURE William H. Williams, M.D.		
45. FUNERAL DIRECTOR ADDRESS M.F. Sadowski & Sons, 1808 Eastern Avenue		

VS 150

1951

Charles P. Sadowski. 937

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RECEIVED - UNITED STATES



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0106
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <i>Nannie L Bagley</i>		2. DATE OF DEATH <i>Jan. 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>704</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1031 Rutland Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>50 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1031 Rutland Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Ch.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 30, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Mecherun Va</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Eliak Watkins</i>		14. MOTHER'S MAIDEN NAME <i>Ann Booker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>James Bagley</i>		ADDRESS <i>1031 Rutland Ave</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>metastatic Carcinoma Liver</i> DUE TO (A) ANTECEDENT CAUSES <i>Generalized Carcinoma of Pelvis</i> DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Cervix uteri</i> DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>hypertensive Cardio Vascular disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i> <i>9 mos</i> <i>14 mos</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct 27, 1944</i> to <i>Jan 4, 1951</i> , that I last saw the deceased alive on <i>Jan 2, 1951</i> and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Rogers Young</i>		23B. ADDRESS <i>1429 E Monument St</i>	
23C. DATE SIGNED <i>Jan 4, 1951</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 7, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Park</i>		24D. LOCATION (City, town, or county) (State) <i>Arbutus Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Mrs. Robert G. Elliot-Daughter</i>		ADDRESS <i>1129 M. Canton St</i>	

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-10-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0107

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUCILE REYNOLDS			2. DATE OF DEATH Jan. 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3333 N. Charles St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3333 N. Charles St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 8, 1888	9. AGE (in years; last birthday) 62	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Connecticut			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Kenfoot W. Sowers			14. MOTHER'S MAIDEN NAME Virginia White Georgeanna Wood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mr. Raymond E. Reynolds			ADDRESS St. 3333 N. Charles		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) scerosis of liver DUE TO Arterio Sclerosis DUE TO ? DUE TO ?	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH about a year ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 2 , 19 50 , to Jan 4 , 19 51 , that I last saw the deceased alive on Jan. 2 , 19 51 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Ballou Dublett		23B. ADDRESS 2220 Garrison Blvd		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 1/6/51	24C. NAME OF CEMETERY OR CREMATORY Greenmount Crematory	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 6 - 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Wm. J. Dickner & Sons	ADDRESS Balto Md

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652
51 0108

51 0108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ellen Burns

2. DATE
OF
DEATH

Jan 4 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1114 Cross St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1114 Cross St.

c. Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 24 - 1871

9. AGE (In years last birthday)

79

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

William Fulton

14. MOTHER'S MAIDEN NAME

Mary Ellen Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Agnes Burns 1114 Cross St.

ADDRESS

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Cardiac Dilatation

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

several

Valvular Disease

years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1950 to Jan. 4, 1951, that I last saw the deceased alive on 1-3-1951, and that death occurred at P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. Blake

M. D.

23B. ADDRESS

Med. Art Bldg

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 8 - 1951

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Rd Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

Jan 5 - 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Schwemmer Funeral Service

ADDRESS

1126 W. Cross St

VS 150

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N#550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0109

BIRTH NO. 51 0109

Registered No.

1. NAME OF DECEASED (Type or Print) ANNA B. NIEMANN			2. DATE OF DEATH 3 JANUARY 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE C. CITY OR TOWN TOWSON (If outside corporate limits, write RURAL and give township) 5200		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			D. STREET ADDRESS (If rural, give location) STATE TEACHERS COLLEGE		
c. Length of stay in Baltimore Yrs. Mos. Days			8. DATE OF BIRTH JULY 31 1891		
5. SEX FEMALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	9. AGE (in years last birthday) 59		If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KITCHEN WORKER		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC WORK		11. BIRTHPLACE (State or foreign country) GERMANY	
13. FATHER'S NAME ANTON Diehl			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			14. MOTHER'S MAIDEN NAME LIZZETTE ?		
16. SOCIAL SECURITY NO.			17. INFORMANT (SON) ADDRESS BRUNO G. NIEMANN 54THAVENUE, MD		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL ARTERY THROMBOSIS DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 1/2 DAYS	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) HYPERTENSIVE CARDIO-VASCULAR DISEASE DUE TO YEARS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 JANUARY, 1951 , to 3 JANUARY, 1951 , that I last saw the deceased alive on 3 JANUARY 1951 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Wallace E. Buttrick		23B. ADDRESS M.D. Union Memorial Hospital		23C. DATE SIGNED 3 JAN 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/5/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cmt	
24D. LOCATION (City, town, or county) (State) Parkville, Md		25. FUNERAL DIRECTOR ADDRESS Harry B. Wigner 4101 Edmonden			
DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		VS 150	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0110

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK SZCZEPANIK

2. DATE
OF
DEATH

1/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. JOSEPH'S HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

435 S. CHESTER ST.

c. Length of stay in Baltimore

41-

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 25-1894

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

City of Balto. Engineer

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Szczepanik

14. MOTHER'S MAIDEN NAME

Catherine Mikulska

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

312-10-0975

17. INFORMANT

ADDRESS

Sophia Szczepanik 435 S. Chester St

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Acute hepatic insufficiency
cirrhosis of the liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 1/1/51, 19, to 1/3/51, 19, that I last saw the
deceased alive on 1/3/51, 19, and that death occurred at 7:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Maddeus Sciwinski

M. D.

23B. ADDRESS

St. Joseph's Hosp.

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan. 6-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 5 - 1951

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

VS 150

1951 0109

1246

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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
51 0111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0111
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ERNA LOUISE BROWN		2. DATE OF DEATH January 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2137 Cliftwood Avenue		D. STREET ADDRESS (If rural, give location) 2137 Cliftwood Avenue		5. LENGTH OF STAY IN BALTIMORE 47 years	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/1/1899	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Otto Voss		14. MOTHER'S MAIDEN NAME Erna L. ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 2137 Cliftwood Avenue -13 Mr. Robert L. Brown, Sr.	

MEDICAL CERTIFICATION

18. 583 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Tapio hepatitis, etiology</u> DUE TO <u>undetermined</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>		19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I hereby certify that I attended the deceased from Dec. 12, 1950 to Jan. 3, 1951, that I last saw the deceased alive on Jan. 2, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. SIGNATURE Wm. H. Brenner		22B. ADDRESS 1520 E. 33rd St.	
22A. BURIAL, CREMATION, REMOVAL (Specify) burial		22B. DATE 1/6/51		22C. NAME OF CEMETERY OR CREMATORY Meadowridge Cem.		22D. LOCATION (City, town, or county) (State) Baltimore, Md.	
22E. DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951		22F. REGISTRAR'S SIGNATURE H. Williams		22G. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		22H. ADDRESS BALTO. 13, MD.	

19510000110

61

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INNOV
ECONO
COMMERCE
AMTEA

0110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

B-635

51 0112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0112

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Burden

2. DATE
OF
DEATH

Jan. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

33 THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

522 N Broadway

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hotel Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

8. DATE OF BIRTH

12-8-78

9. AGE (In years last birthday)

72

11 Under 1 Year

Months Days

12 Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Burden

14. MOTHER'S MAIDEN NAME

Lucelia Dunning

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

522 26 1047

17. INFORMANT

THE JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION 1 HOUR

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CHRONIC PULMONARY FIBROSIS 10 YRS.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3 to 1/4, 1951, that I last saw the deceased alive on 1/4, 1951, and that death occurred at 225 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Stokes III

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/8/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

JAN 5 - 1951

VS 150

3948000111

94a

511

FROM: VICTORIAN JAMES J. JAMES

TO: JAMES J. JAMES

DATE: 1-1-21

1110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-236
51 0113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0113

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX GESCHEIDER.

2. DATE
OF
DEATH

Jan 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 11 1881

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Optometrist

10B. KIND OF BUSINESS OR
INDUSTRY

Eye Glasses

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

Nat. Cit. U.S.

13. FATHER'S NAME

Max Gescheider

14. MOTHER'S MAIDEN NAME

Ida Trout

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 3120 Harford Road, Room 18
Mrs. Martha Gescheider

MEDICAL CERTIFICATION

18. 451X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

24hr.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

20

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

✓

21E. INJURY OCCURRED

WHILE AT
WORK

NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1951, to Jan 3, 1951, that I last saw the
deceased alive on Jan 3, 1951, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank P. Karik, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Jan 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/6/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

BALTO. 13, MD.

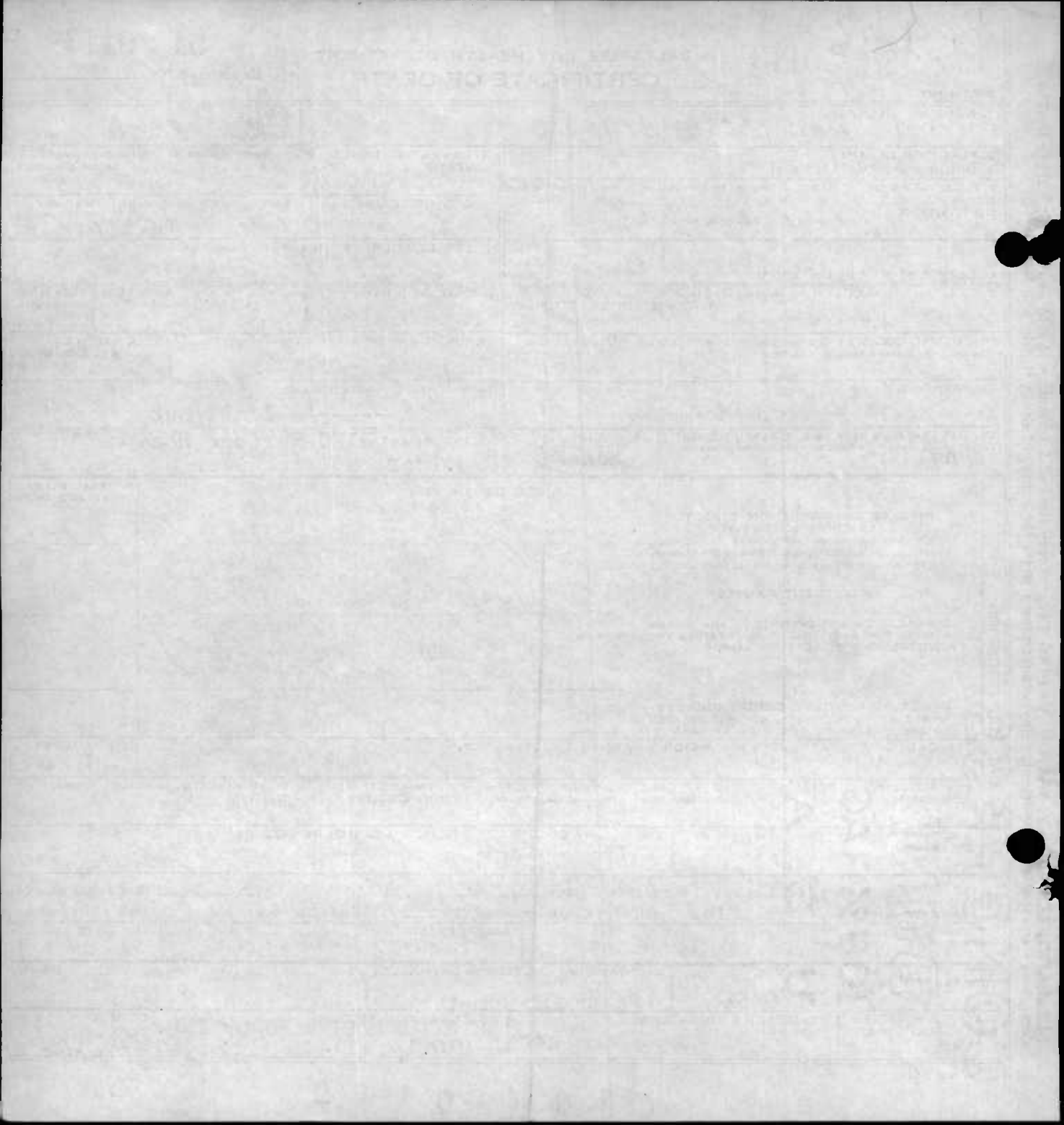
ADDRESS

Henry P. Sander

VS 150

95 97060 0112

301



PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-616

TRAVERS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 0114

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Travers

2. DATE
OF
DEATH

Jan 3rd 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore 10-501

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

70 Little Son of the Poor

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 26th 1877

9. AGE (in years;
last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

73

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Eatherine Travers

17. INFORMANT

Little sister of the Poor

ADDRESS

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Intoxication of Heart

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis -

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 26th, 1956, to Jan 3rd, 1957, that I last saw the deceased alive on Jan 2nd, 1957, and that death occurred at 1:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

1/3/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

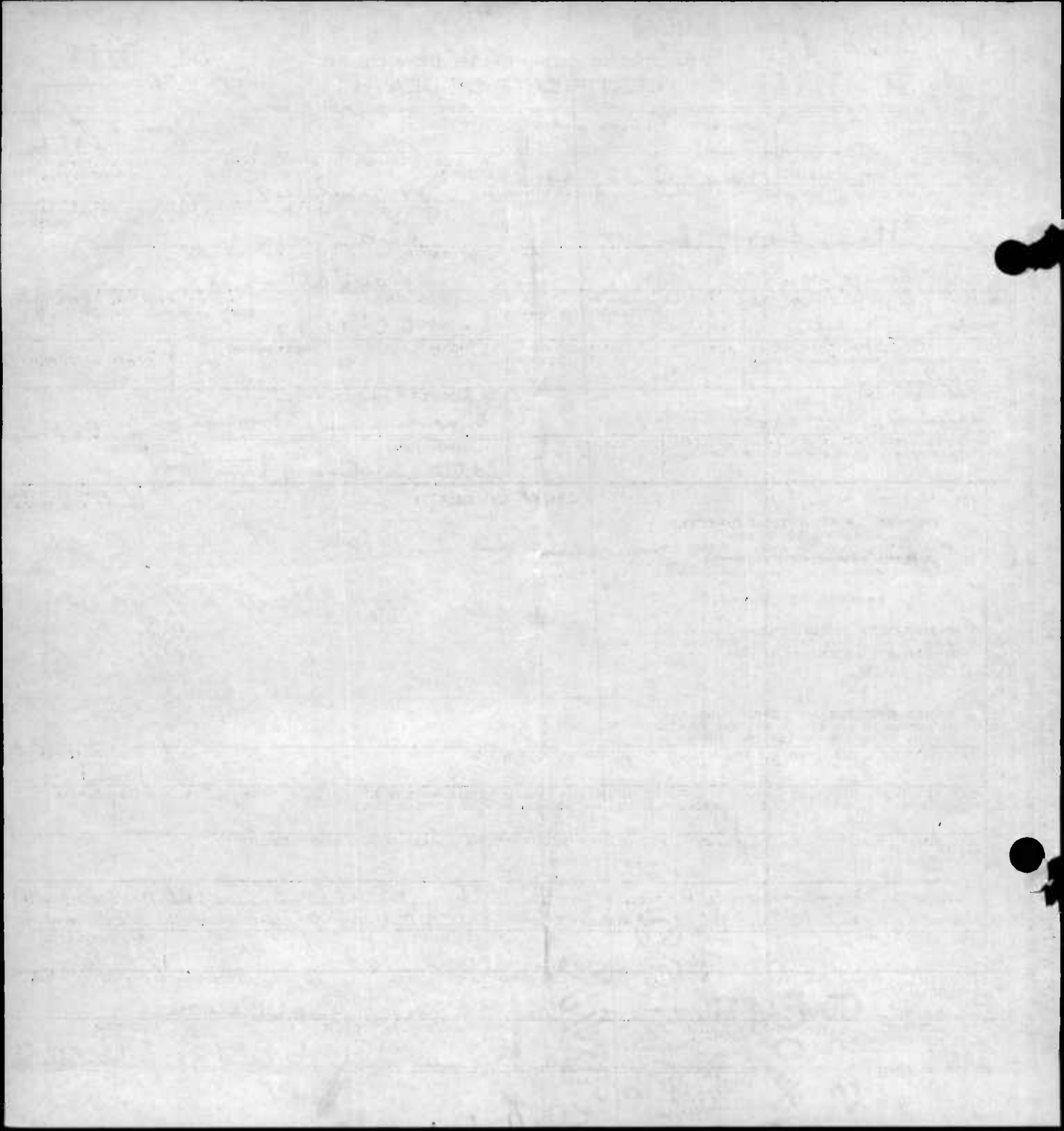
JAN 5 - 1957

105548V

Rita Wredfeld 9006 Beale St

VS 150

937



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-246
51 0115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0115
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellen H. Hester

2. DATE
OF
DEATH

Jan 3-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

70 Little Sisters of the Poor

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Valley St. 10-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

262W 1873

9. AGE (In years, last birthday)

77

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ally Co Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

EATON

14. MOTHER'S MAIDEN NAME

Georgia Swan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Little Sister of the Poor

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from Nov 1-1950, to Jan 3-1951, that I last saw the deceased alive on Jan 2-1951, and that death occurred at 9A- m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gail Hall

M. D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

1/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

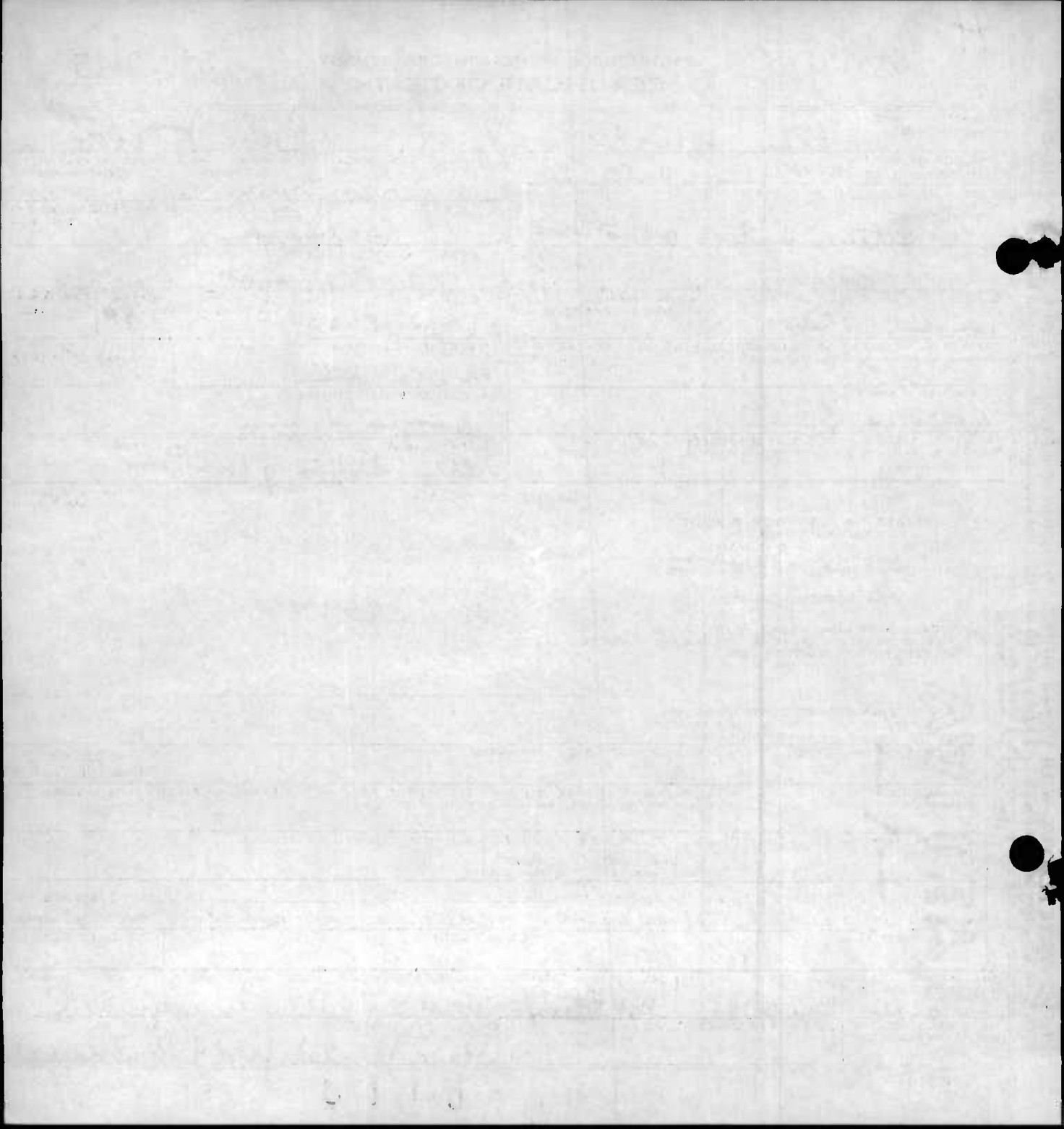
ADDRESS

Reba Wredefeld 906 E. Biddle St

JAN 5-1951

19510000114

83a



PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0116
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Taormina b. Thoromina

2. DATE OF DEATH

1/3/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St Josephs Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 6, 1887

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

4

27

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

10B. KIND OF BUSINESS OR INDUSTRY

Water Dept - Calto

11. BIRTHPLACE (State or foreign country)

Valguarnera ITALY

12. CITIZEN OF WHAT COUNTRY?

ITALY

13. FATHER'S NAME

Drancaso Taormina

14. MOTHER'S MAIDEN NAME

Carmelia Sardice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Taormina 1621 Conestoga

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Atherosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Pauline Taormina

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

1/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-6-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Luce 322 S. High

V S 115-1951

Washington, D.C.

930115

94a

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED
VANDERBILT

NO.

NAME OF DEATH

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
RACE
RELIGION
EDUCATION
OCCUPATION
MARITAL STATUS
PREVIOUS ILLNESS
PREVIOUS SURGERY
PREVIOUS TRAUMA
PREVIOUS DRUGS
PREVIOUS ALCOHOL
PREVIOUS TOBACCO
PREVIOUS OTHER

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
RACE
RELIGION
EDUCATION
OCCUPATION
MARITAL STATUS
PREVIOUS ILLNESS
PREVIOUS SURGERY
PREVIOUS TRAUMA
PREVIOUS DRUGS
PREVIOUS ALCOHOL
PREVIOUS TOBACCO
PREVIOUS OTHER

1-5-51

James C. Vanderbilt
1-5-51

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-235

51 0117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0117

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Veronica M Swiston

2. DATE
OF
DEATH

Jan. 4/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 445 N. Kenwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

445 N Kenwood Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

Female

White

Single

Dec. 5. 1908

42

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Baltimore

14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

Alexander Swiston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

Carcinoma - (L) Breast.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO

Metastases - Skeletal
System

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from June 5, 1950, to January 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Schewch

23B. ADDRESS

13375 Clark St

23C. DATE SIGNED

1/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 8/51

Holy Rosary

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Fred H. Ozazowski

19306 Adams Ave.

1337 S Charles St

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4460 51 0118

ND-144747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

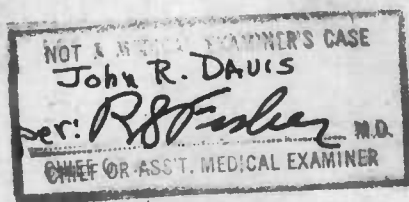
51 0118
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Henry Miller		2. DATE OF DEATH Jan. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 324 S. Exeter St. (2)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		8. DATE OF BIRTH July 17, 1875	
10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 75	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Miller (D)		14. MOTHER'S MAIDEN NAME Mary Blasing (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
16. SOCIAL SECURITY NO.			
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Scarcinoma in right lung DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. Emphyema in right lung			INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown Unknown
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-3 , 1951, to 1-3 , 1951 that I last saw the deceased alive on 1-3 , 1951, and that death occurred at 3:25p m. , from the causes and on the date stated above.			
23A. SIGNATURE R. B. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 1-4-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 6th 1951	24C. NAME OF CEMETERY OR CREMATORY Trinity Cem	
24D. LOCATION (City, town, or county) (State) Donnell St. Est			
DATE RECEIVED BY LOCAL REGISTRAR Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leo S. Leach 1701-03 N. Patterson Park, Ave	

AN 5 VS 1951

To Be Approved By Medical Examiner **7**

47c



See 51-0118 Document File

1/9/1951

ES

PLEASE WRITE READILY, WITH UNFADING INK. Every item of information should be carefully and legibly correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0119

BIRTH NO. 51 50 0119 24661

1. NAME OF DECEASED (Type or Print) HARRY C MOATES Jr Harry C Moates Jr.			2. DATE OF DEATH January 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 7 Mos. 10 Days 01			D. STREET ADDRESS (If rural, give location) 1129 Bentwood Avenue BRENTWOOD		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH NOV. 12, 1950	9. AGE (In years last birthday) 1 MO 21 DA 21	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (INFANT)			11. BIRTHPLACE (State or foreign country) BA + TO		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME HARRY C MOATES, Sr			14. MOTHER'S MAIDEN NAME Phyllis J. BRICE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT H. C. MOATES			ADDRESS 1129 Brentwood Ave		

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **491X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 4, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1/6/51		24C. NAME OF CEMETERY OR CREMATORY LANLESS	
24D. LOCATION (City, town, or county) (State) CASS, W. VA.					

DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR Mildred T. Bligh	ADDRESS 107
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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

15 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1/2, 1951, to 1/4, 1951, that I last saw the
deceased alive on 1/4, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

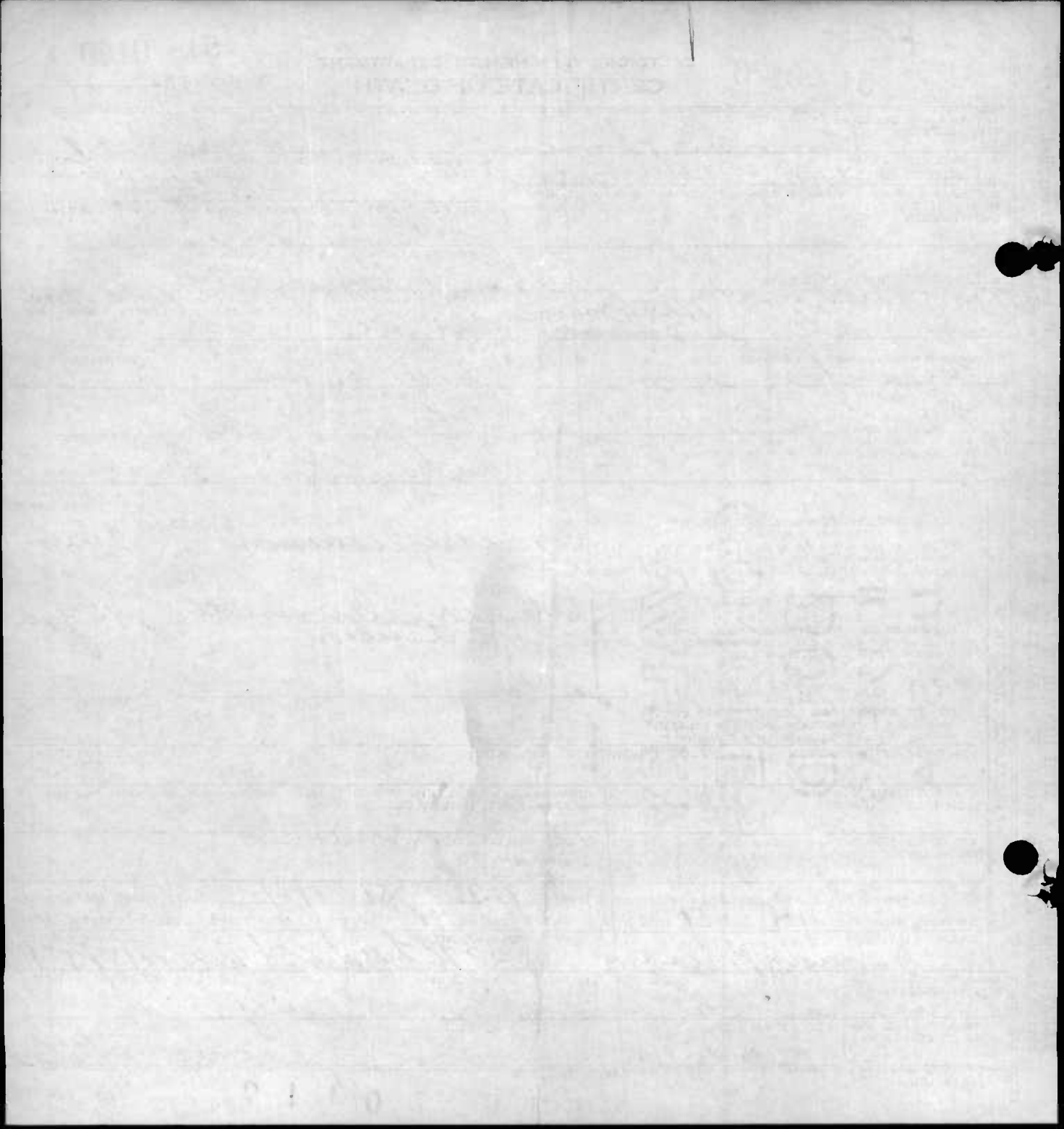
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 5 - 1951

94a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosario Ciaccio,

2. DATE
OF
DEATH

Jan. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3938 Park Heights .

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Anthony Marino,

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Jennie Mullan, 3938 Park Heights Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day.

Acute Coronary Thrombosis & Cardiac Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1950, to Jan. 4, 1951, that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Heidi A. Kolman

M. D.

23B. ADDRESS

3700 Park Heights Ave.,

23C. DATE SIGNED

Jan. 4, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Jan. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

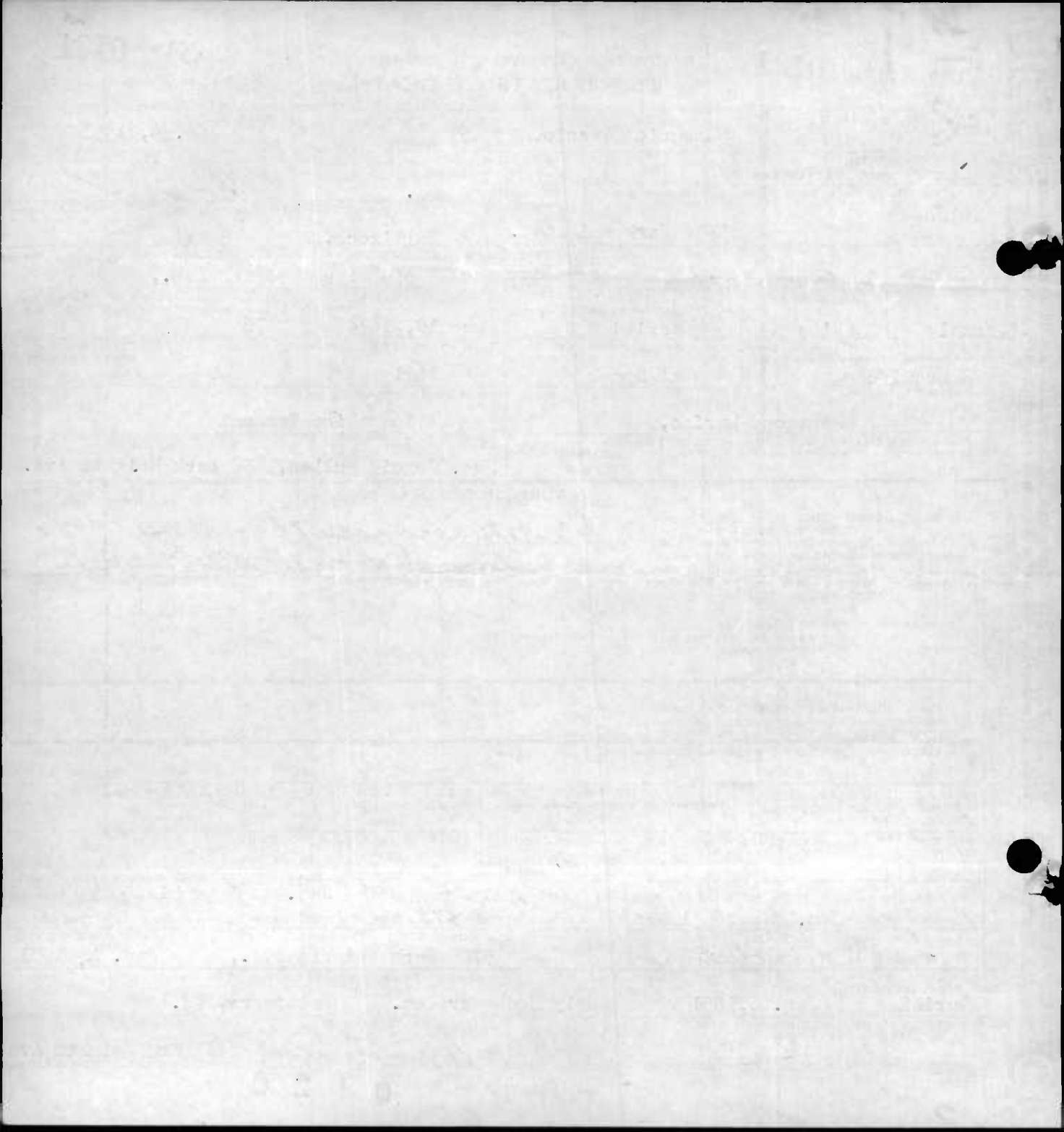
ADDRESS

B. Vernon Lemmon, 4611 Park Heights Ave.

JAN 5-1951

19510000120

94a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

JAN 1951
Registered No. **0122**

BIRTH NO. **0122**

1. NAME OF DECEASED (Type or Print) ROBERT C. FORD			2. DATE OF DEATH January 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3726 Falls Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ?		9. AGE (In years last birthday) 43 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Truck Driver	11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF U.S.A.
13. FATHER'S NAME Thomas H. Ford			14. MOTHER'S MAIDEN NAME Annie E Fisher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-07-4762	17. INFORMANT ADDRESS John T. Ford 3511 Ash St.		

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Confluent bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 01		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Jan. 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-6-1951		24C. NAME OF CEMETERY OR CREMATORY Poplar	
24D. LOCATION (City, town, or county) (State) Warren Baltimore Co.		25. FUNERAL DIRECTOR <i>Frank H. Seitz</i> ADDRESS Md 814 36 36			
DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951		REGISTRAR'S SIGNATURE <i>William H. Smith</i>		107	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ralph Cyril Fetrow

2. DATE
OF
DEATH

Jan 4 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2604 Hampden Ave.

c. Length of stay in Baltimore

39 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 17, 1895

9. AGE (in years last birthday)

62

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

Western Ind. INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Augustus Fetrow

14. MOTHER'S MAIDEN NAME

Roseella Schuler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-10-3611

17. INFORMANT

Mrs. Clara Fetrow, wife

ADDRESS

Lane

18. 44 3 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage
DUE TO left middle cerebral.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1956, to Jan 4, 1957, that I last saw the deceased alive on Jan 4, 1957, and that death occurred at 4:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

Alvin Bonjean

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

1/4/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 8-57

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 5-1957

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Frank H. Seitz

ADDRESS

814 W 36 St

1958

15

RECEIVED BY THE
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
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1958

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1958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0124

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr E. Tate L. Kennedy

2. DATE
OF

DEATH Jan. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4145 Falls Road

c. Length of stay in Baltimore

7yr. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 25, 1883

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Welch Construction

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Kennedy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO. 227-05-0419

17. INFORMANT

ADDRESS

Mrs Minnie E. Kennedy 4145 Falls Road

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage 3 days
hypertension & arteriosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/51, 1951, to 1/3/51, 1951 that I last saw the deceased alive on 1/3/51, 1951, and that death occurred at 11:35 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thaddeus Sawinski M. D.

1100 N. Caroline Street

1/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-6-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 6 - 1951

John Thomas, M.D.

Frank Seely 814 N 36th St.

518240000123 83a

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

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W. L. RORER, Secretary.

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W. L. RORER, Secretary.

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W. L. RORER, Secretary.

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W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0125**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George M. Fink			2. DATE OF DEATH January 3rd, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 811 N. Wolfe Street			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Life			E. STREET ADDRESS (If rural, give location) 811 N. Wolfe Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18 - 1875		9. AGE (In years last birthday) 75 Months 7 Days 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director & Embalmer Funeral			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME Adam Fink			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mollie M. Fink - 811 N. Wolfe St			ADDRESS		

18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 13. lateral Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 2 , 19 51 to January 3 , 19 51 , that I last saw the deceased alive on January 2 , 19 51 , and that death occurred at 4:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Francis J. Kirby		23B. ADDRESS 110 E. North Ave		23C. DATE SIGNED 1-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE January 8, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Frederick D. Miller, Inc 3019 E. Monument St			
DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		ADDRESS	

VS 150

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0126

BIRTH NO. 560 0126

1. NAME OF DECEASED (Type or Print) <i>Harry Henry (Harry Elmer Henry)</i>		2. DATE OF DEATH <i>Jan. 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>27-05</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3126 Glendale Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-20-1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Agent</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>insurance</i>	
13. FATHER'S NAME <i>Cabel Henry</i>		14. MOTHER'S MAIDEN NAME <i>Mary Sank</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-03-8486</i>	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>181X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Bladder (Urinary) with metastases</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>1/4</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11/11</i> , 19 <i>50</i> , to <i>1/4</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/4</i> , 19 <i>51</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>John T. Graylock</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>1/4/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-6-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	24D. LOCATION (City, town, or county) (State) <i>Frederick Rd Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>George J. Ruth Inc 1735 Howard</i>

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0127

BIRTH NO.

51 0127

1. NAME OF DECEASED
(Type or Print)

STEPHEN BESSEY

2. DATE

OF DEATH Jan. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

Maryland

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Hill

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

Oct 29 1943

9. AGE (In years last birthday)

7

If Under 1 Year Months: Days

2

If Under 24 Hours Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Boy

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Harford Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Murrell Jay Bessey

14. MOTHER'S MAIDEN NAME

Mary Gladys Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Murrell J. Bessey Forest Hill

18. E812.01

CAUSE OF DEATH

INTERNAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal hemorrhage due to rupture of liver, mesentery, and kidney

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intracranial hemorrhage

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Harford County Route 23 near Cooptown, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 4, 1951 4.15 P.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ran from behind truck in front of

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dumlacher M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 7.57

24C. NAME OF CEMETERY OR CREMATORY

Wm. Watters

24D. LOCATION (City, town, or county)

Cooptown Harford, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Mary E. Gault

ADDRESS

1700

JAN 5 - 1951

VS 151

N-855.0195100001

Sanetaville

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652
51 0128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0128
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ELLIS BROWNSTEIN			2. DATE OF DEATH 1-5-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park Hgts Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) STATE Md B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02					
C. Length of stay in Baltimore 50			D. STREET ADDRESS (If rural, give location) 2114 Brookfield Ave					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1880			9. AGE (in years last birthday) 70 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Forman West factory			11. BIRTHPLACE (State or foreign country) Russia		
12. CITIZEN OF WHAT COUNTRY? ✓			13. FATHER'S NAME Morris			14. MOTHER'S MAIDEN NAME Rosa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Lillian Kessler 3000 Reisterstown Rd		
18. 450.0			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Broncho Pneumonia DUE TO (Cerebral)			1 day		
ANTECEDENT CAUSES			(B) General Arteriosclerosis DUE TO			10 years		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1/5 to 1/5 , 19 51 , that I last saw the deceased alive on 1/5 , 19 51 , and that death occurred at 1:05 p.m., from the causes and on the date stated above.								
23A. SIGNATURE J. J. J. J.			23B. ADDRESS 2320 Eutaw Rd			23C. DATE SIGNED 1/5/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 1-7-51			24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		
24D. LOCATION (City, town, or county) (State) Balto Md			24E. FUNERAL DIRECTOR Jack Lewis			24F. ADDRESS 2100 Eutaw Rd		
DATE RECEIVED BY LOCAL REGISTRAR JAN 6 - 1951			REGISTRAR'S SIGNATURE W. J. Williams, M.D.					

~~Zinberg~~

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0129

BIRTH NO. 51 0129

1. NAME OF DECEASED (Type or Print) <i>Samuel Kolker</i>			2. DATE OF DEATH <i>1-5-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>—</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-13</i>		
c. Length of stay in Baltimore <i>41</i> Yrs. <i>—</i> Mos. <i>—</i> Days			D. STREET ADDRESS (If rural, give location) <i>2657 Park Heights Terrace</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>SEP. 19, 1889</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Grocer</i>		
11. BIRTHPLACE (State or foreign country) <i>Russia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Leon Kolker</i>			14. MOTHER'S MAIDEN NAME <i>Rita Herschell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>			16. SOCIAL SECURITY NO. <i>yes - 12 war</i>		
17. INFORMANT <i>Fannie Kolker</i>			ADDRESS <i>same</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic hypertension cardiovascular disease</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 4, 1951</i> , to <i>Jan. 5, 1951</i> , that I last saw the deceased alive on <i>Jan. 5, 1951</i> , and that death occurred at <i>10:40 AM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Wallace G. Buttack</i> M. D.			23B. ADDRESS <i>Union Memorial Hospital</i>		23C. DATE SIGNED <i>1-5-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-7-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i> ADDRESS <i>2100 Eutaw Pl</i>	

19068000120

937

21 013

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PLEASE WRITE IN MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgia A Hutchins

2. DATE
OF
DEATH

1/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Balto

25-03

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2675 Wilkens Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/2/1868

9. AGE (In years,

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Ba. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Grafton Thompson

14. MOTHER'S MAIDEN NAME

Mary Spurrier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Norman L. Brewer Sr. 2809 Westport

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arterio-sclerosis

(C) DUE TO

Chronic cholecystitis -
Arteritis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 3:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles A. Anderson M. D.

300 Shannon Drive

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/6/51

London Park

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

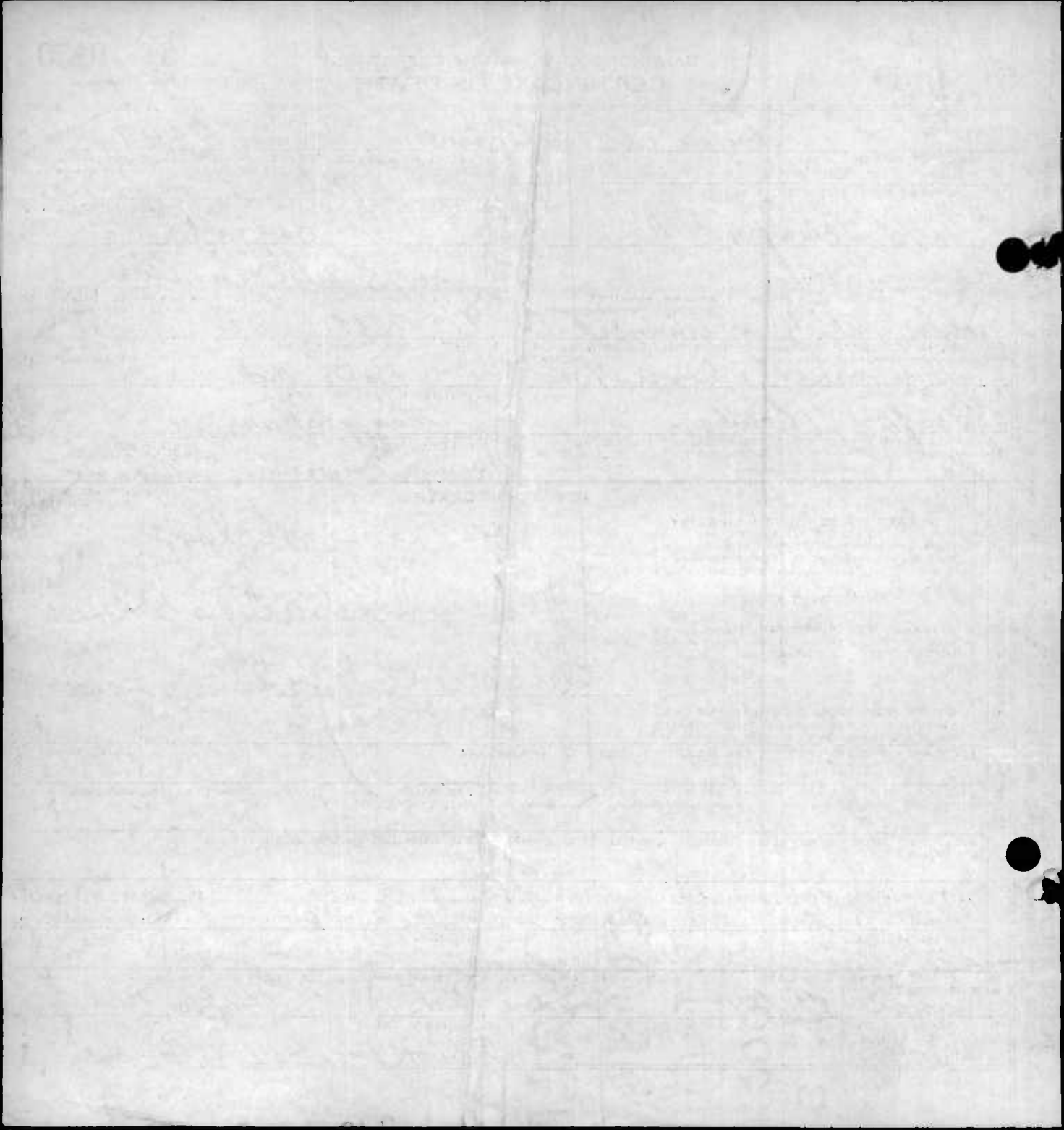
25. FUNERAL DIRECTOR

ADDRESS

JAN 6 - 1951

Washington Williams, M.D.

Wm Cook Inc. 1217 St. Paul St



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0131

BIRTH NO. 51 0131

1. NAME OF DECEASED (Type or Print) HENRY E. NOTTER			2. DATE OF DEATH Jan. 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3402 Mary Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3402 Mary Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1885	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roller, steel Mill, retired			10B. KIND OF BUSINESS OR Eastern Industries		
11. BIRTHPLACE (State or foreign country) Dover, Ohio			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob Notter			14. MOTHER'S MAIDEN NAME Christina (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 216-10-7365		
17. INFORMANT Anne W. Notter			ADDRESS 3402 Mary Ave.		

CAUSE OF DEATH

18. 157X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of Pancreas
(A) DUE TO

INTERVAL BETWEEN ONSET AND DEATH
9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 5/15/1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas, Inoperable		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1950, to Jan 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Kirchfeld M.D.		23B. ADDRESS 6919 Harford Rd		23C. DATE SIGNED 1/5/1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/8/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 6 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. R. ...	ADDRESS 1217 St Paul St

1 9680 134 000 130

469

VALLEY

TOYOTA

GROUP

CANADA

SALES

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-19-51 - 1-29-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

30
0132
BIRTH NO.

51 0132

1. NAME OF DECEASED (Type or Print) Ruth F. Marriott		2. DATE OF DEATH Jan. 4, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital (DOR)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2833 Riggs Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 3, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) Housewife		9. AGE (In years last birthday) 65 (65-1-1)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Williamsport PA	
13. FATHER'S NAME HARTMAN		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME UNKNOWN	
16. SOCIAL SECURITY NO.		17. INFORMANT James G. Marriott ADDRESS 2833 Riggs Ave	

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY DISEASE (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE Wm. H. Kammer, Jr.		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23c. DATE SIGNED Jan. 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem	24d. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 6 - 1951		REGISTRAR'S SIGNATURE Frederick H. Williams, M.D.	25. FUNERAL DIRECTOR Charles P. Towell ADDRESS 2427 Edmondson Ave

SYMPTOMS OF ACUTE

The following symptoms are characteristic of acute infection:

1. High fever, 101° to 104° F.

2. Headache

3. Stiff neck

4. Nausea and vomiting

5. Generalized muscle aches and pains

6. Sore throat

7. Rash, usually appearing on the trunk

8. Enlargement of the lymphatic glands

9. Leukocytosis, usually between 10,000 and 20,000

10. Positive Widal reaction

11. Positive agglutination test

12. Positive complement fixation test

13. Positive skin test

14. Positive blood culture

15. Positive spinal fluid culture

16. Positive cerebrospinal fluid culture

17. Positive urine culture

18. Positive sputum culture

19. Positive fecal culture

20. Positive vaginal culture

21. Positive urethral culture

22. Positive rectal culture

23. Positive perianal culture

24. Positive perineal culture

25. Positive perianth culture

26. Positive perianth culture

27. Positive perianth culture

28. Positive perianth culture

29. Positive perianth culture

30. Positive perianth culture

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

655
0133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0133

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Captis G. GARMAN</u>		2. DATE OF DEATH <u>Jan 5, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2436 Edmondson Ave</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>16-05</u>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>2436 Edmondson Ave</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 27, 1866</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>		9. AGE (In years, last birthday) <u>84</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Balto. Md</u>	
13. FATHER'S NAME <u>Warren Gorman</u>		12. CITIZEN OF WHAT COUNTRY? _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Bertha Lamp</u>		ADDRESS <u>2436 Edmondson Ave</u>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>332X</u> <u>Thrombosis Cerebral</u> DUE TO <u>Arteriosclerosis</u> DUE TO <u>18 hrs</u> <u>years</u>	CAUSE OF DEATH <u>Thrombosis Cerebral</u> <u>Arteriosclerosis</u> <u>18 hrs</u> <u>years</u>	INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>Jan 5, 1951</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1950</u> to <u>Jan 5, 1951</u> , that I last saw the deceased alive on <u>Jan 5, 1951</u> , and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>D Mendelis</u>		23B. ADDRESS <u>651 N Bentall Con</u>		23C. DATE SIGNED <u>1-5-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan 8, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park Cem</u>	
24D. LOCATION (City, town or county) (State) <u>Balto. Md</u>		24E. FUNERAL DIRECTOR <u>Charles P. Towell</u>		24F. ADDRESS <u>2427 Edmondson Ave</u>	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 0134

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sophie Reichert

2. DATE
OF
DEATH

Jan. 3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2619 Georgetown Rd.

C. Length of stay in Baltimore

65 yrs.

Yrs.
Mos.
Days

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

-----Wingert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give town or ship)
Baltimore

D. STREET ADDRESS (If rural, give location)

2619 Georgetown Rd.

8. DATE OF BIRTH

Feb. 19, 1854

9. AGE (In years last birthday)

96

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Mrs. Bertha A. Trogler, 2619 Georgetown Rd.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Oedema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cardio Vascular

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Nitch

23B. ADDRESS

M. O.

2151 Williams Ave

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 6/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

JAN 6 - 1951

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0135

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER DUVAL

2. DATE
OF
DEATH

Jan 5 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

706 St George's Rd

Yrs.

Mos.

Days

C. Length of stay in Baltimore

50

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

13. FATHER'S NAME

Robert Duwall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Virginia Hume

17. INFORMANT

Mrs. Walter Duwall

ADDRESS

Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Infarction

6 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Hypertensive Heart and Circulation

1 year

19A. DATE OF OPERATION

No

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1940, to Jan 5th, 1950, that I last saw the deceased alive on Jan 4th, 1950, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Chantard

M. D.

23B. ADDRESS

15 E. Middle St. Md.

23C. DATE SIGNED

Jan 5th '51

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

Jan 6 1957

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

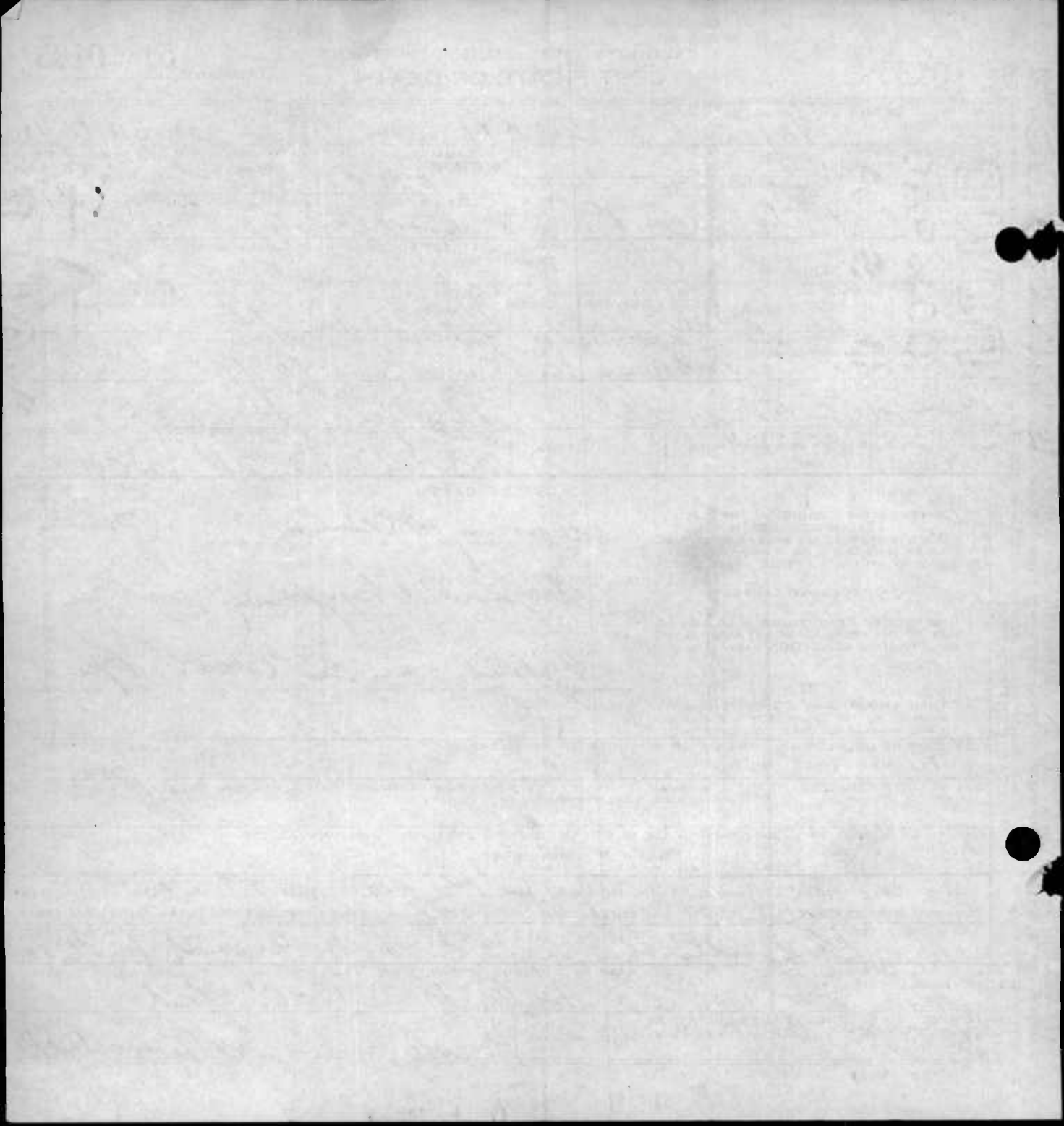
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry W. Jenkins & Sons Co 490 York Rd



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 0136**

BIRTH NO. **520 0136**

1. NAME OF DECEASED (Type or Print) MORRIS HONICK			2. DATE OF DEATH 1/4/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 Yrs			D. STREET ADDRESS (If rural, give location) 1637 N Smallwood St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1880	9. AGE (In years last birthday) 70	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			11. BIRTHPLACE (State or foreign country) Russia		
10B. KIND OF BUSINESS OR INDUSTRY shop			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME Joseph Honick			14. MOTHER'S MAIDEN NAME Nessie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 214-01-1880		
17. INFORMANT Mrs Nettie Hoffenberg			ADDRESS 1637 N Smallwood St		

MEDICAL CERTIFICATION

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ADENOCARCINOMA of Sigmoid Colon DUE TO Diabetes Mellitus	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO (C)	

19A. DATE OF OPERATION Nov 15, 1950	19B. MAJOR FINDINGS OF OPERATION 45	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov 15, 1950 , to Dec 4, 1950 , that I last saw the deceased alive on Dec 4, 1950 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.		

23A. SIGNATURE Frank W. Winter M. D.	23B. ADDRESS Sinai Hosp. Balt	23C. DATE SIGNED 1/4/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Anshei Emunah Cong Cemetery
24D. LOCATION (City, town, or county) (State) Washington Blvd Balto Md	25. FUNERAL DIRECTOR Sol Lewinson	ADDRESS Burs North ave

JAN 6 - 1951
VS 150

5 150000 0135

46E

CERTIFICATE OF DEATH

STATE OF NEW YORK

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IN SENATE

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DO NOT
SIGN

WITNESSES

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0137
Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>William Klutz</i>			2. DATE OF DEATH <i>1/5/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>437 E 25th St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-03</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>437 E 25th St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 4, 1905</i>	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painting Supervisor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>U. S. Coast Guard</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Charles Klutz</i>			14. MOTHER'S MAIDEN NAME <i>-- Willett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Minnie Klutz - 437 E. 25th St.</i>			ADDRESS		
18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive C. V. disease</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... <i>1/5/51</i>		
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>1/8/51</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>			24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 6 - 1951</i>			REGISTRAR'S SIGNATURE <i>[Signature]</i>		
25. FUNERAL DIRECTOR <i>[Signature]</i>			ADDRESS <i>[Address]</i>		

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly written. Physicians: please write the causes of death clearly and legibly. correct age is especially important. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0138

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) ELIZABETH WILCOX

2. DATE OF DEATH January 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

University Hospital

D. STREET ADDRESS (If rural, give location)

17 W. Mulberry Street

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 30, 1865

9. AGE (in years last birthday)

85

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Peregoy

14. MOTHER'S MAIDEN NAME

Elizabeth Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Pk.

Mrs. Howard C. Wilcox - P. O. 203 Severna

18. 420.1 and E912.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mural thrombosis of aorta with thrombosis of left renal artery and superior mesenteric artery with infarct

(C) of kidneys and small intestines

Uremia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of left femur

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)

public place

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Hutzler Brothers Department Store

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

December 15, 1950 ? m.

21E. INJURY OCCURRED WHILE ☐ AT WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Knocked down by revolving door

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Jan. 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/6/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 6 - 1951

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

Chas. J. Lickner & Sons - Balto.

ADDRESS

VS 151

51 0138

94a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

255
51 0139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0139

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND CHARLES BUCHMAN

2. DATE
OF
DEATH

1-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

Camell

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

HAMPSTEAD

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-19-1917

9. AGE (In years
last birthday)

33

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Auto Parts

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

RAYMOND P. BUCHMAN

14. MOTHER'S MAIDEN NAME

ETTA BANKARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-16-5893-WIFE

17. INFORMANT

ADDRESS

(SAME)

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(B) x HYPERTENSIVE CARDIO.

DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

(A) Chronic nephritis (with uremia)

(over)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME. (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 12-18, 1950, to 1-5, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23. SIGNATURE

Richard Beach

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan 8-1951

24C. NAME OF CEMETERY OR CREMATORY

Wesley

24D. LOCATION (City, town, or county)

Camell ed. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Crispin, Hampstead Md

JAN 6-1951

VS 150

1 9460150 000130

937

See Document File 51-0139

1/12/1951 - ES

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0140

BIRTH NO. 51 0140

1. NAME OF DECEASED (Type or Print) <i>Willie Mae McIntosh</i>		2. DATE OF DEATH <i>January 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Conn.</i> B. COUNTY <i>V-06</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bridgeport</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>579 Harrell Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-12-08</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Band for Watches</i>	9. AGE (In years last birthday) <i>42</i>
11. BIRTHPLACE (State or foreign country) <i>Charlotte N.C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Watt Conenthen</i>		14. MOTHER'S MAIDEN NAME <i>Conn. Crill</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Epidermoid carcinoma metastatic to vagina, pouchette and elsewhere.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>ca 2 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <i>12-29-50</i>	19B. MAJOR FINDINGS OF OPERATION <i>Epidermoid carcinoma metastatic to vagina & pouchette</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>12-28</i> , 19 <i>50</i> , to <i>1-4</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-4</i> , 19 <i>51</i> , and that death occurred at <i>7:45</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Jack Horick</i>	23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>1-5-51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan-10-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Monkton Salem N.C.</i>	24D. LOCATION (City, town, or county) (State) <i>Monkton Salem N.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 6 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>Samuel W. Sullivan</i>	ADDRESS <i>Wilmington N.C.</i>

620320 10M to Wilmington Ave 53

0010 12

1000 p.m. 12-2-51

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 1st inst. in relation to the above matter.
The same has been forwarded to the proper authorities for their consideration.
Very respectfully,
J. H. Smith

Enclosed for you are two copies of the report of the committee on the subject of the above matter.
I am, Sir, very respectfully,
Your obedient servant,
J. H. Smith

12-2-51
4-1 20-25-51
12-2-51

2010

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0141

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles S. Brawner Jr.

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mercy Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Taneytown Md Carroll

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

Taneytown Md

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

1/6/51

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles S. Brawner Sr.

14. MOTHER'S MAIDEN NAME

Dorothy Reinhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles S. Brawner Jr. Taneytown Md

18. 774X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Probable fetal abortion

QUE TO

(B)

1/3 month fetus into genital cavity.

QUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE
Harold H. Burns

23B. ADDRESS

M. O. 529 N. Charles St.

23C. DATE SIGNED

Jan 6/1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/6/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Colesville

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Bernard J. Reck 5305 Hayford Rd

JAN 6 - 1951

VS 150

14510200140

159

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620
51 0142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0142
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christine Baroch

2. DATE
OF
DEATH Jan. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2636 Ashland Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2636 Ashland Ave.

c. Length of stay in Baltimore

74 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 5, 1864

9. AGE (In years last birthday)

86

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

Czech.

13. FATHER'S NAME

Joseph Michal

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lena Wirshing, dght, above

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardiovascular Disease

7

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1951, to Jan. 4, 1951, that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Januszewski M. D.

23B. ADDRESS

540 N. Linwood Ave

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 8, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Francis J. Januszewski, M.D.

25. FUNERAL DIRECTOR

Schimmunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

JAN 6 - 1951

VS 150

14519000141

93D

5110

BRITISH CIVIL SERVICE
CERTIFICATE OF DEATH

5110

1110

5110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

610
51 0143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0143
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) VACLAV KROUPA		
2. DATE OF DEATH Jan. 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 722 N. Glover St.		
B. FULL NAME OF HOSPITAL OR INSTITUTION		
C. Length of stay in Baltimore 66 years		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - carpenter		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Helen Mentlik, dght, above		ADDRESS
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION (A) DUE TO CORONARY ARTERIO-SCLEROSIS (B) DUE TO GENERAL ARTERIO-SCLEROSIS (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec. 21, 1949, to Jan. 4, 1951, that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 1 P. M. from the causes and on the date stated above.		
23A. SIGNATURE Vincent H. Williams, M.D.		23B. ADDRESS 2623 E. Monument St.
23C. DATE SIGNED 1/5/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 8, 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24D. LOCATION (City, town, or county) Horner's Lane, Balto. Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR JAN 6 1951		REGISTRAR'S SIGNATURE Vincent H. Williams, M.D.
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.		ADDRESS

VS 150

1514000112

94a

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Parker.

2. DATE
OF
DEATH

January 3, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1706 Cairo St.

C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1706 Cairo St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 11, 1915.

9. AGE (In years last birthday)

35.

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

general

11. BIRTHPLACE (State or foreign country)

Nashville, N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lolomon Parker.

14. MOTHER'S MAIDEN NAME

Sallie A. Henderson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Eva Parker 1706 Cairo St.

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

For advanced pulmonary thc.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13, 1950, to Jan. 3, 1951, that I last saw the deceased alive on Dec. 29, 1950, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1006-1951

William Williams, Jr.

Mrs. Kate R. Williams Schroeder

VS 150

1 4 5 190 890 0 1 4 3

1313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-635
51 0145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0145
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GOROON, FANNIE

2. DATE
OF
DEATH

1-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

The Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1521 E. Baltimore Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1876

9. AGE (In years last birthday)

75

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Joshua Elfenbaum

14. MOTHER'S MAIDEN NAME

Rose ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Emanuel Gordon- 1521 E. Balto. Street

18. 570.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

GANGRENE OF BOWEL

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

MESENTERIC OCCLUSION

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerotic cardio-vascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1951, to 1-6, 1951, that I last saw the deceased alive on 1-6, 1951, and that death occurred at 1040 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Glusman M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

1-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/7/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

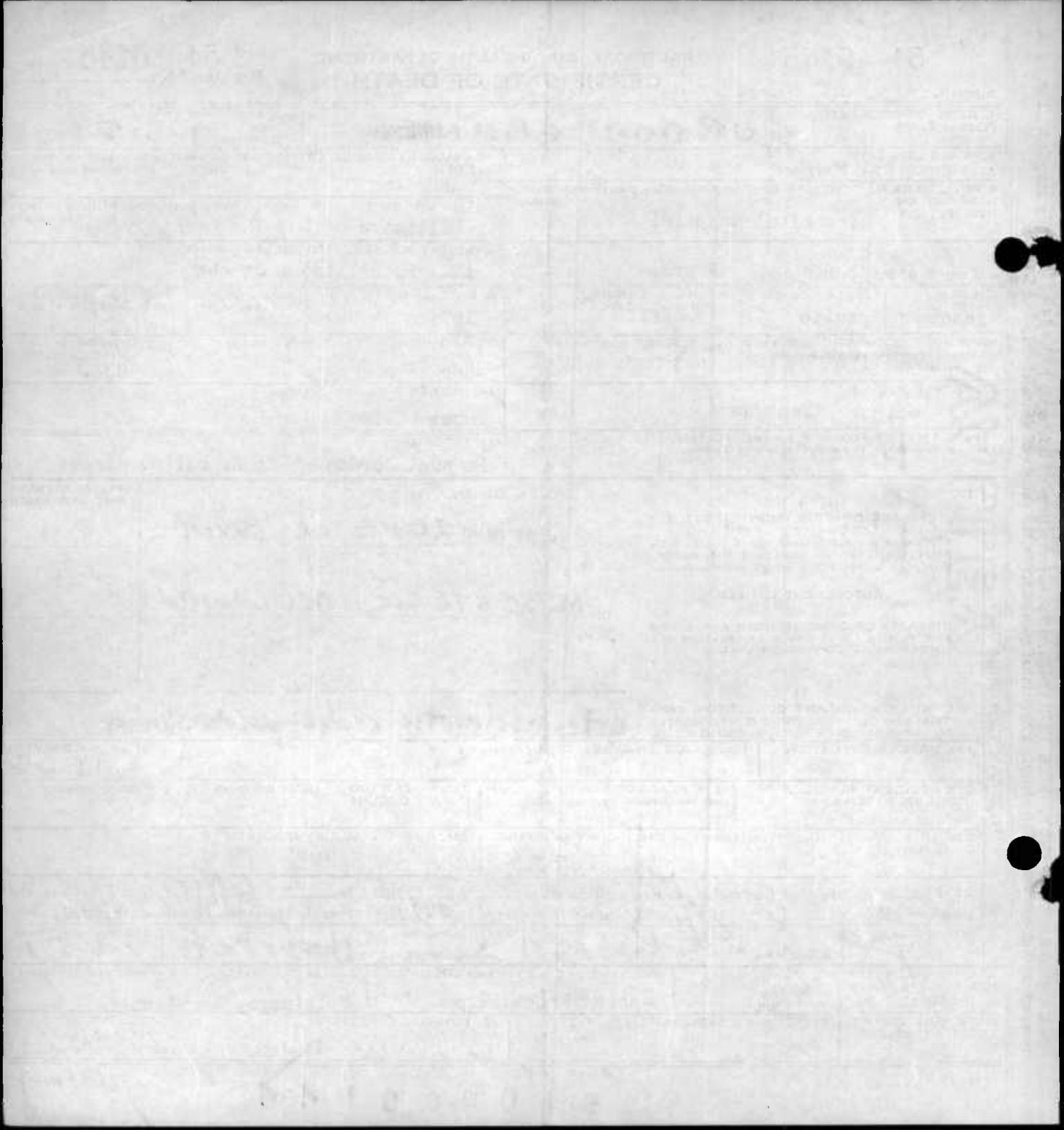
ADDRESS

Sol. Levinson & Bros. - 124-26 W. North Avenue

JAN 7 1951

1951 0000144

123 Avenue



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-563
51 0146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0146
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

P. Carroll Hanrathy

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

220 W. Read Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/12/89

9. AGE (In years,
last birthday)

61

10. UNDER 1 Year
Months: Days

11. UNDER 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Bookkeeper

10B. KIND OF BUSINESS, OR
INDUSTRY

Henry J. Farber Atty.

13. FATHER'S NAME

Patrick Hanrathy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Anne Kiernan

17. INFORMANT

ADDRESS

Mary C. Hanrathy 220 W. Read Street

18. 200.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A) Adenocarcinoma, glands of neck
with metastases to mediastinum
(B) Severe malnutrition and
inanition. 2 yrs.

(C) None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1945 to 6 Jan, 1951, that I last saw the
deceased alive on 6 Jan, 1951, and that death occurred at 12: N m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr.

23B. ADDRESS

5 West 29th St.

23C. DATE SIGNED

6 Jan '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/10/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 7 - 1951

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

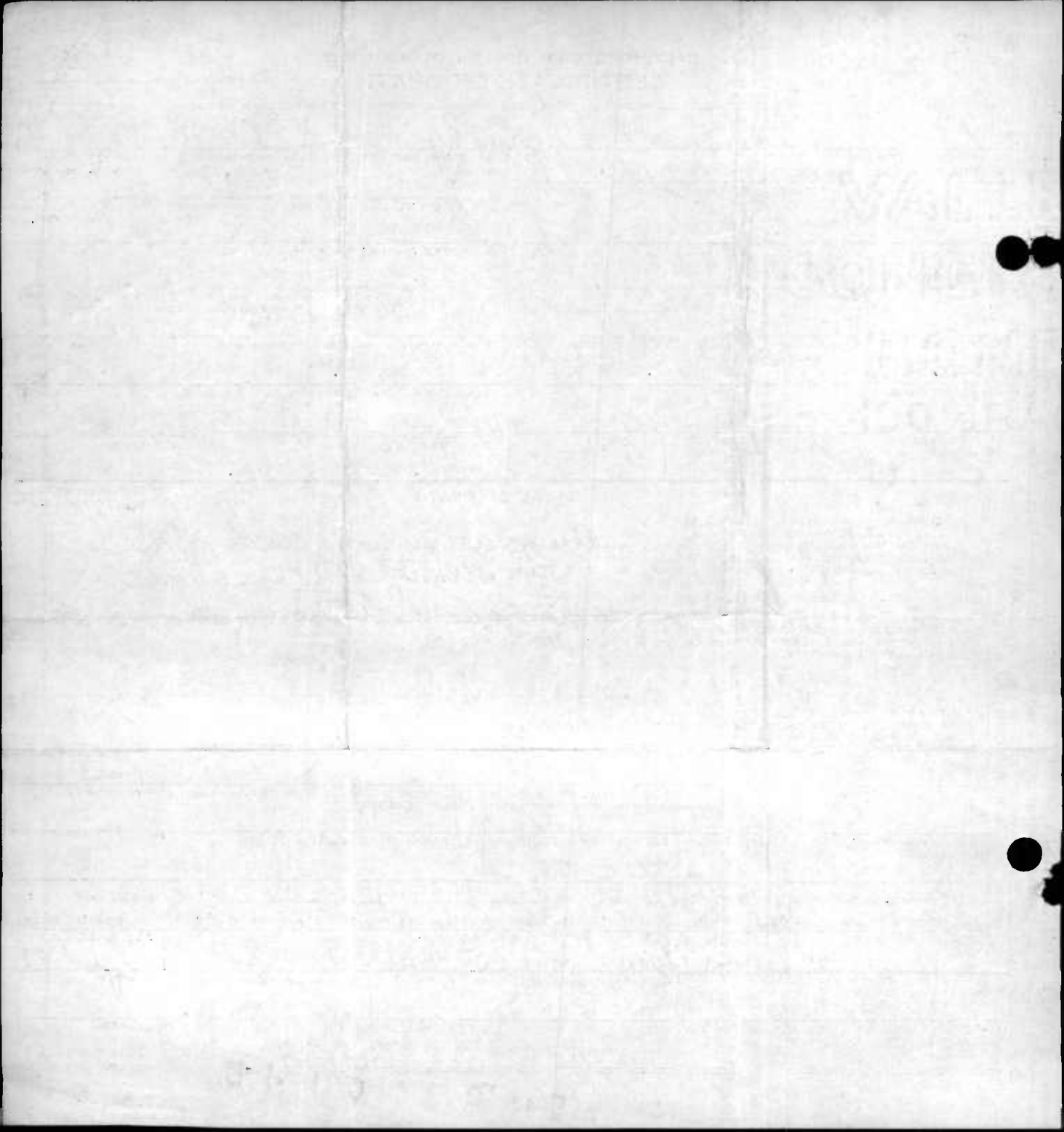
W. W. Meeks and Son 805 N. Calvert St.

VS 150

31884

0000145

55E



K-5-40

51 0147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0147

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. John J. Knell

2. DATE
OF
DEATH

1-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

c. Length of stay in Baltimore

22 Yrs.
11 Mos.
3 Days

5. SEX

M

white

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Catholic priest

10B. KIND OF BUSINESS OR
INDUSTRY

none

13. FATHER'S NAME

John A. Knell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute - 6420 Reisterstown Rd., Balto., Md.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

General arteriosclerosis
+ coronary sclerosis

15 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Psychosis with ~~gross~~ cerebral
arteriosclerosis 22 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept. 1936, to Jan. 6, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Walter D. Jakrakis

23B. ADDRESS

The Seton Institute

23C. DATE SIGNED

Jan. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. H. Means, Son 865 N. Calumet

ADDRESS

JAN 7 - 1951

VS 150

19510200110

94a

DEFINING THE CHAIN

23

1. The chain

2. The chain

3. The chain

4. The chain

5. The chain

6. The chain

7. The chain

8. The chain

9. The chain

10. The chain

11. The chain

12. The chain

13. The chain

14. The chain

15. The chain

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F635
51 0148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH FRIEDMAN

2. DATE
OF
DEATH

1-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-05

D. STREET ADDRESS (If rural, give location)

3114 Leighton Ave

c. Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Symon

PRO.

14. MOTHER'S MAIDEN NAME

Reta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ida Freedman - Same

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma of Spine
DUE TO Carcinoma of Lung

9 mo.
6 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1951, to Jan 6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Kolman M.D.

23B. ADDRESS

3700 Park Heights Ave

23C. DATE SIGNED

Jan 7 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-7-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Cent Ave

Kohman
3700 Park Heights
Lv 9855

Kesler Stone

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-563 51 0149		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 0149 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) HANNAH SAMORODIN		2. DATE OF DEATH 1-6-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
6. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		7. STREET ADDRESS (If rural, give location) 3526 Park Heights Ave		8. DATE OF BIRTH	
9. Length of stay in Baltimore 37 Yrs. Mos. Days		10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		9. AGE (In years last birthday) 80 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Morton		14. MOTHER'S MAIDEN NAME Rachael		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT John Samorodin - 2554 Cold Spring Lane ADDRESS	
18. E812.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of Skull		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Park Heights + Hilldale Rd	
21D. TIME (Month) (Day) (Year) (Hour) 1 6 57 12		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto - Pedestrian accident	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. 1/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-7-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Cutaw Rd	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		170c	

0110

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Form No. 10

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE OF DEATH

UNDERLYING CAUSE OF DEATH

PERMANENT CAUSE OF DEATH

PERMANENT CAUSE OF DEATH

PERMANENT CAUSE OF DEATH

PERMANENT CAUSE OF DEATH

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

B-650
51 0150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0150

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCY BROWN

2. DATE
OF
DEATH

1-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hosp.

C. Length of stay in Baltimore

20

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-15

1903

9. AGE (In years last birthday)

47

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Domestic House

11. BIRTHPLACE (State or foreign country)

V.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Bell

14. MOTHER'S MAIDEN NAME

Martha V. Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Bell 566 Wilson St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovasc. disease

DUE TO

(C)

Thromboembolic

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-27-51, 19, to 1-4-51, 19, that I last saw the deceased alive on 1-4-51, 19, and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

William Nelson Bannan

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-7-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus mem. Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1951

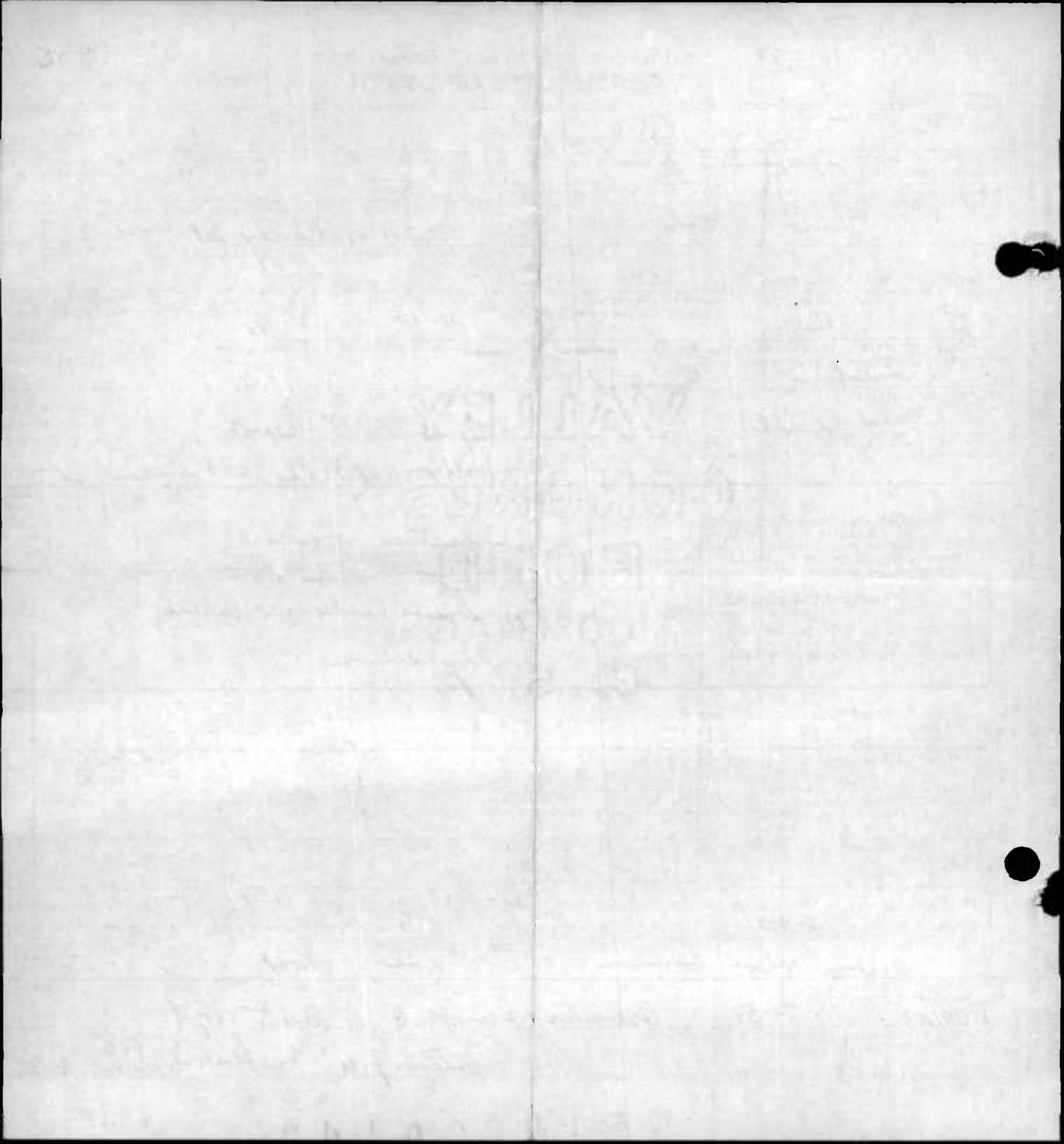
William A. Williams

William A. Jackson

816 PENN. AVE.

19572085 00140

131a



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

6-616
51 0150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0150

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Crapper

2. DATE OF DEATH

January 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

James Crapper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-10-9825

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

706 N. Bond St.

8. DATE OF BIRTH

5-22-07

9. AGE (in years last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ann Wright

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumococcal lobar

6 days

DUE TO

pneumonia due to Type III

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pneumococci

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-3, 1951, that I last saw the deceased alive on 1-3, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas G. Walsh

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 7-1951

24C. NAME OF CEMETERY OR CREMATORY

Int Calvary

24D. LOCATION (City, town, or county) (State)

A. A. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 7-1951

REGISTRAR'S SIGNATURE

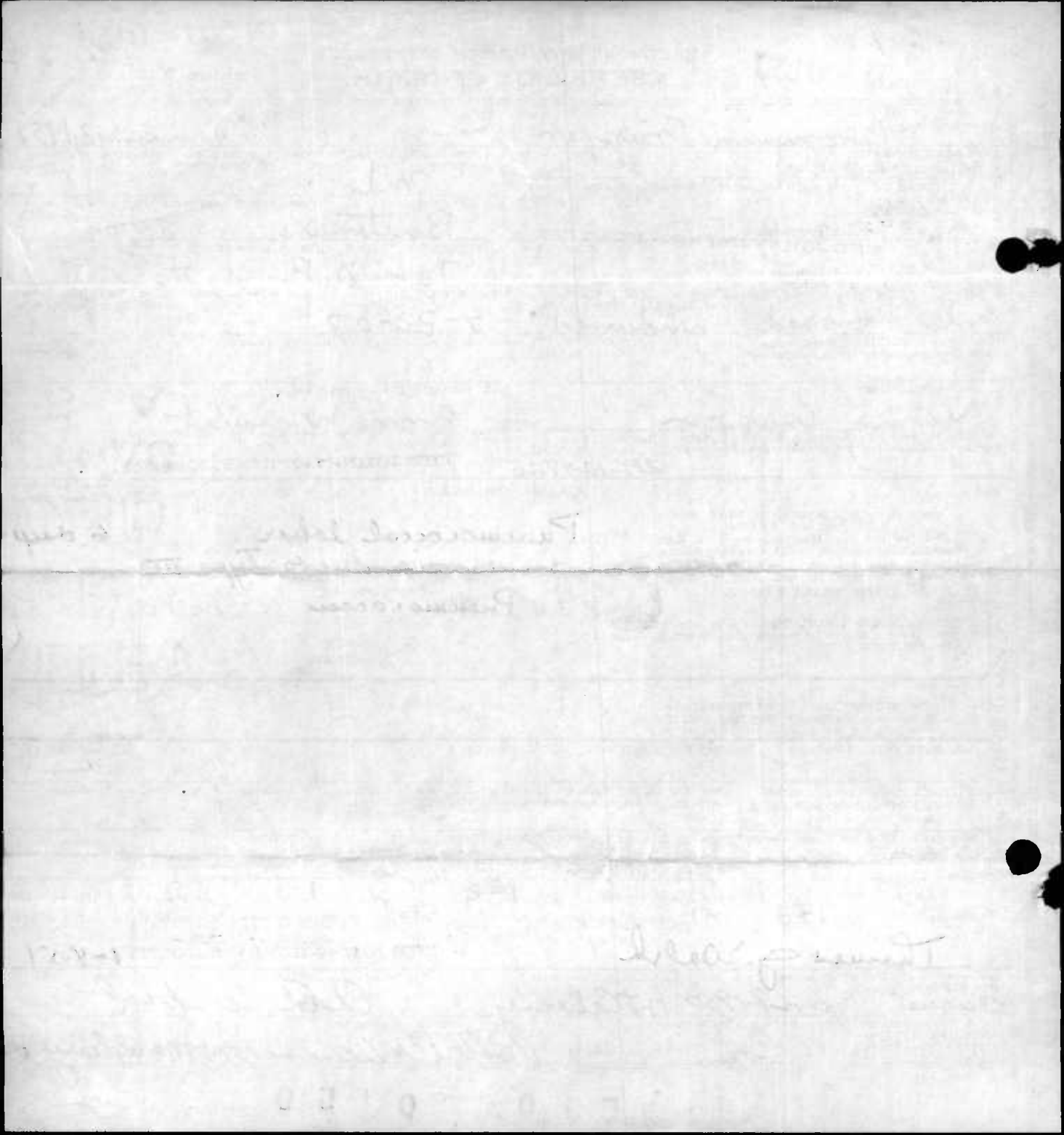
William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robert Williams 1515 McElenny St

MEDICAL CERTIFICATION



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-6259 0152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0152

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD THOMAS CROSS

2. DATE
OF
DEATH Jan. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1572 Carswell Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-07

D. STREET ADDRESS (If rural, give location)

1572 Carswell Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 22, 1886

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Dry Goods

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Vincent Cross

14. MOTHER'S MAIDEN NAME

Anna Farrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT 1572 Carswell Street - 18
Mrs. Mary E. Cross

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Rheumatic cardiovascular disease 7 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March, 1944 to Jan. 4, 1951 that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 12:16 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1520 E. 38th St.

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/8/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

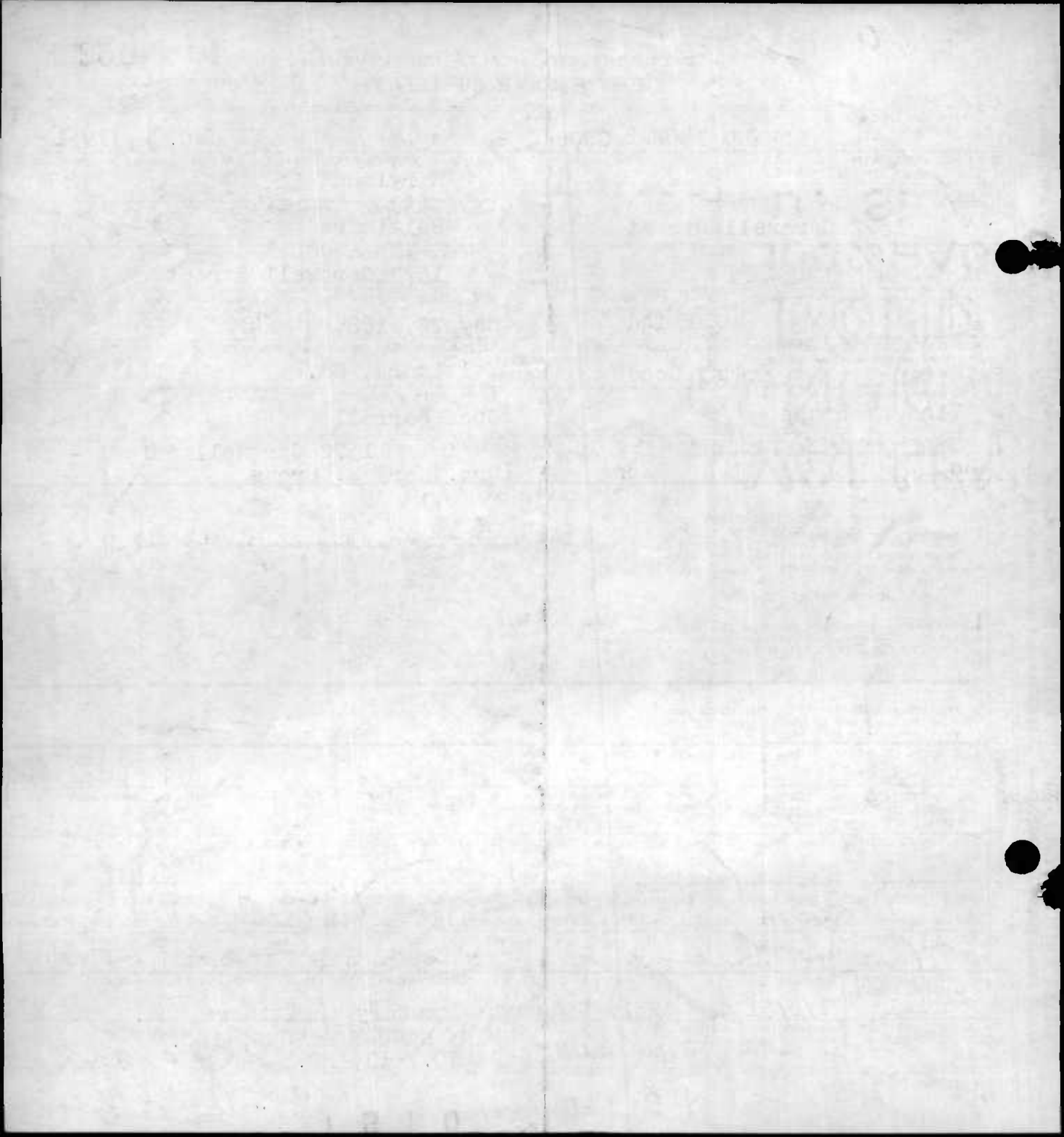
ADDRESS

13, MD. Sander

JAN 7 1951

1951 0152

93c



PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE McCLELLAND.

2. DATE
OF
DEATH

Jan 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

900 W 38th St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 15, 1950 to Jan 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 3:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 1951

510309152

46B

1917

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

January 1, 1917

Dear Sir:

I have the honor to acknowledge the receipt of your letter of December 28, 1916, regarding the matter of the

extension of the term of the

Commission on the

Administration of the

Department of Agriculture.

I am sorry to hear that you are unable to attend the meeting of the

Commission on the Administration of the Department of Agriculture.

I am, Sir, very respectfully,
Yours very truly,
J. B. Thompson

Assistant Secretary

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

325

51 0154

51 0154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDWARD STEVEN WATKINS

2. DATE
OF
DEATH

January 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3203 N. Charles

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3203 N. Charles Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

DEC 26, 1907

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HOWARD WATKINS

14. MOTHER'S MAIDEN NAME

ANNIE MC DONALD.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM. WATKINS - 402 W 28th ST.

18. 322.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty Liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic alcoholism

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

1 9 5 1 0 0 0 0 1 5 3

124a

CERTIFICATE OF DEATH

1914

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Cash

2. DATE
OF
DEATH

1-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Hampstead

D. STREET ADDRESS (If rural, give location)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 7-1880

9. AGE (In years last birthday)

70

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Reinforced Guard

10B. KIND OF BUSINESS OR INDUSTRY

McCormick Tea Co

11. BIRTHPLACE (State or foreign country)

VA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

TEA PACKING (M)

14. MOTHER'S MAIDEN NAME

Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-10-0823

17. INFORMANT

Cora V Cash Hampstead Md

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

DUE TO

Coronary artery arteriosclerosis

12-19-80

to

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

1-5-51

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 5, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John F. Gulby

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-9-51

24C. NAME OF CEMETERY OR CREMATORY

Lobram OH

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, MD

25. FUNERAL DIRECTOR

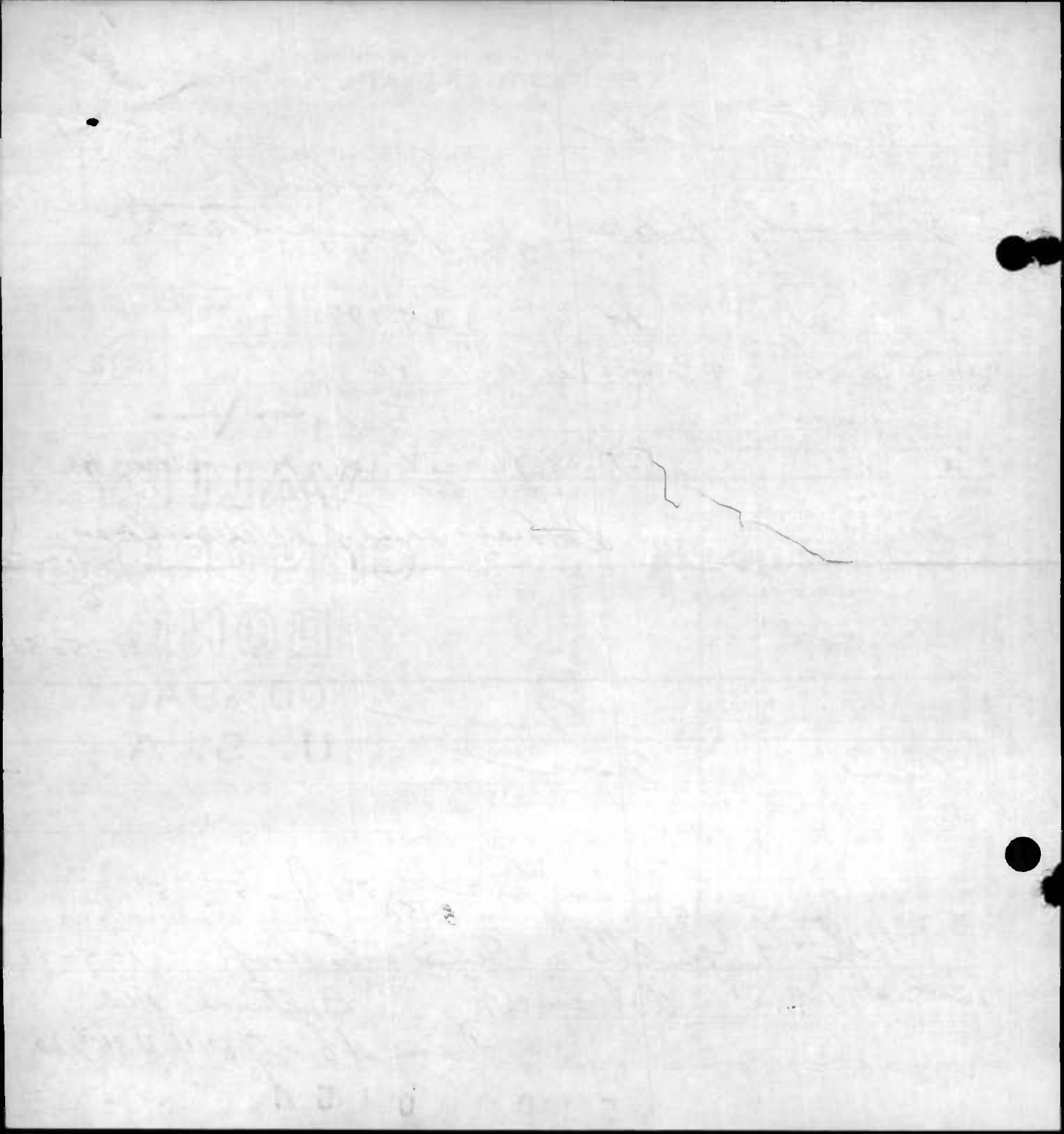
Frank S. S. 814 2436th St.

ADDRESS

JAN 7-1951

76340000150

94a



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0156
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS

McLEOD

2. DATE
OF
DEATH

Jan. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 112 W. Clay St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-01

D. STREET ADDRESS (If rural, give location)

4th floor-112 W. Clay St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 18, 1869

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Old Age Asst. Baltimore City Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis of veins of extremities

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Jan. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Jessops

24D. LOCATION (City, town, or county)

Cockeysville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank W. Satch 814 N. 36th St.

75N151

1 2 5 1 0 0 0 0 1 5 0

93D 6

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE COMPLETED 1-17-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN F. Rodgers, Jr. (ROGERS)

2. DATE
OF DEATH

January 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4429 Buena Vista Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4429 Buena Vista Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

(Jan) 10, 1901

9. AGE (in years last birthday)

49

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Amc. Coffee Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J. Frank Rodgers

14. MOTHER'S MAIDEN NAME

Bessie Caltrider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-01-4377

17. INFORMANT

ADDRESS

John F. Rodgers 3rd. 2308 W. Lanvale

18.

E977X1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple lacerations of throat

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

4429 Buena Vista Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 4, 1951 abt. 4 m.

21E. INJURY OCCURRED

P. WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Deutscher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

January 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial - 1-8-51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county) (State)

Greenmount Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Frank H. Selt 814 364 11

V S 151

N-874.2

49563 0000

164D

CERTIFICATE OF DEATH

CAUSE OF DEATH

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

350
ND-148660 0158
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0158
Registered No.

1. NAME OF DECEASED (Type or Print) Catherine Barbara Hayden			2. DATE OF DEATH Jan. 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5001 Foster Ave. (24)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 14, 1994	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Dembeck			14. MOTHER'S MAIDEN NAME Ida Jankowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 540.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Probable infarct coronary occlusion DUE TO INTERVAL BETWEEN ONSET AND DEATH 30 Seconds	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 1-2-51	
19B. MAJOR FINDINGS OF OPERATION Bleeding peptic ulcer	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

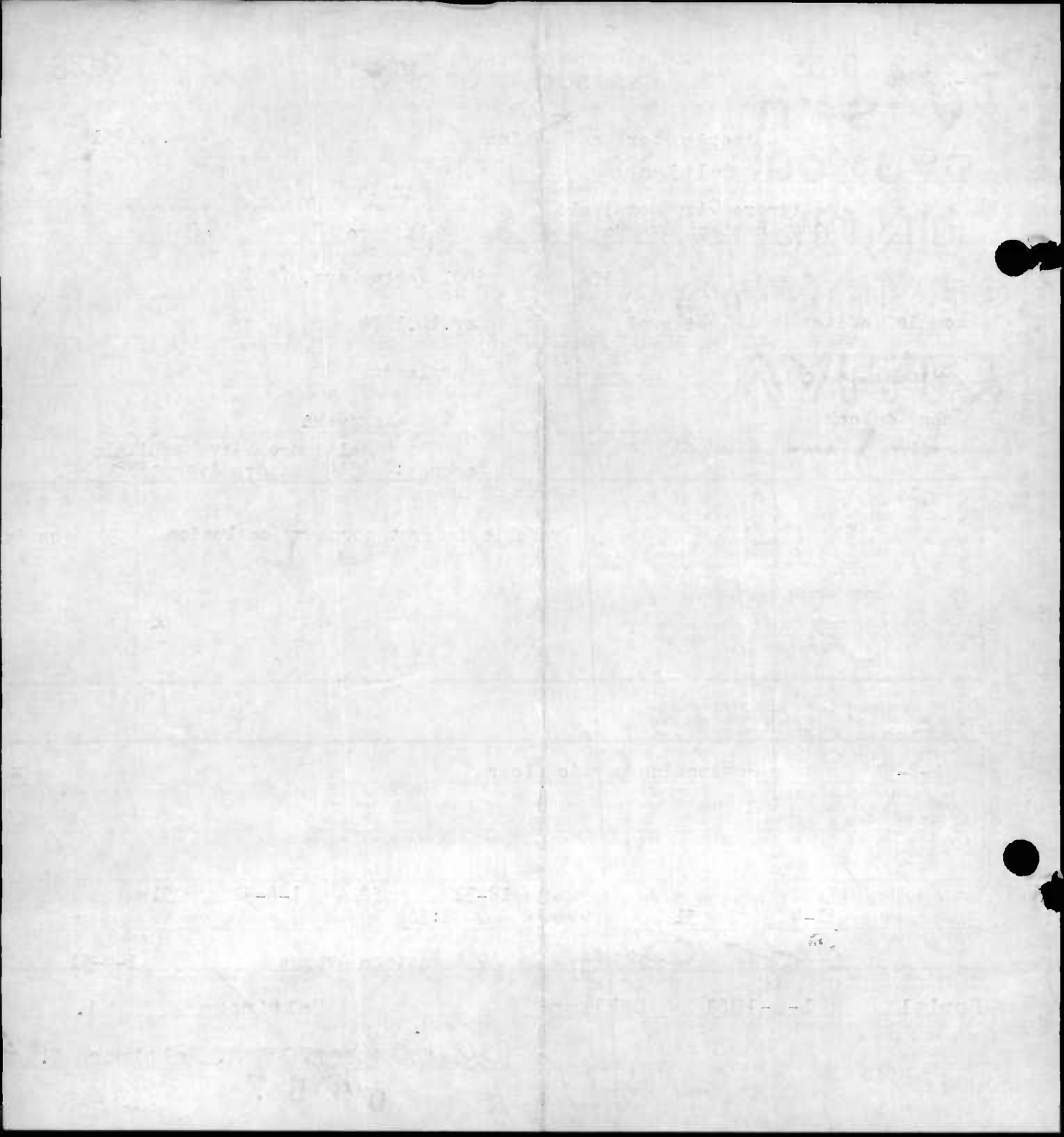
22. I hereby certify that I attended the deceased from 12-31 , 1950, to 1-4-51 , 1951 that I last saw the deceased alive on 1-4 , 1951, and that death occurred at 2:50 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE C. S. Cohen	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 1-4-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-8-1951	24C. NAME OF CEMETERY OR CREMATORY Oaklawn
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR John A. Moray
		ADDRESS 3000 E. Baltimore St

JAN 7 1951

William Williams, M.D.

John A. Moray

117a



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0159
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Hook

2. DATE
OF
DEATH

Jan. 5th. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

426 Winston Ave.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

May 19th. 1894 56

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Engineer

State Road Comm.

Maryland

14. MOTHER'S MAIDEN NAME

Isabelle Lee

13. FATHER'S NAME

Harry W. Hook

17. INFORMANT

ADDRESS

Mrs. Katherine H. Krebs 426 Winston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis
DUE TO Generalized arteriosclerosis

1/2 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ascites
DUE TO Cirrhosis of liver

3 days.
1 YR.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 3, 1951, to Jan. 5, 1951, that I last saw the
deceased alive on Jan 4, 1951, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lloyd E. Saylor M. D.

3902 Greenmount Ave.

Jan. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-8-1951

Prospect Hill

Towson

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.

JAN 7 1951

5 9 43 92 0 1 5 0

124 B

100

OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C. 20315

MEMORANDUM FOR THE SECRETARY

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be as fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0160

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas A. Beckett

2. DATE
OF
DEATH

January - 5 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2402 E. Chase St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2402 E. Chase St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March - 18 - 1869

9. AGE (In years last birthday)

81

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railway Express Agency - Retired

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

Unknown

13. FATHER'S NAME

George H. Beckett

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

74-03-4062

17. INFORMANT

Albert Hejduk - 2402 E. Chase St

ADDRESS

2402 E. Chase St

18. 332X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

Arteriosclerosis

3 days

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1950 to Jan. 5, 1951, that I last saw the deceased alive on Jan. 3, 1951, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Albert G. Singmaster

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-8-1951

24C. NAME OF CEMETERY OR CREMATORY

Western Cam

24D. LOCATION (City, town, or county)

Baltimore - Balt Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 8 - 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

John C. Miller - 2435 E. Olney St

ADDRESS

VS 150

19510000159

61

12/1/20 - present

12/1

Highland. 11 acres
to 12/1/20 12/1/20

vegetation
to 12/1/20 12/1/20

12/1 12/1-21-12/1/20

all vegetation

present

Highland. 11 acres

12/1/20 - 12/1/20

Highland. 11 acres

to 12/1/20 12/1/20 - 12/1/20

12/1/20 - 12/1/20

12/1/20 - 12/1/20

12/1/20 - 12/1/20 12/1/20 - 12/1/20
to 12/1/20 12/1/20 - 12/1/20

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correctness. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

360
51 0161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0161
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles F. Rader		2. DATE OF DEATH Jan. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 5441 Belair Rd. B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 4809 Hazelwood Ave	
c. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Balto Contractors		8. DATE OF BIRTH Jan. 18-1894 9. AGE (In years; last birthday) 56 10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
11. BIRTHPLACE (State or foreign country) Baltimore Co. Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Rader 14. MOTHER'S MAIDEN NAME Kelhelmina Sonn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Amelia H. Rader ADDRESS Highland	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

CERTIFICATION APPROVED BY
B. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased on 1/5 19 51 , to 155 19 51 , that I last saw the deceased alive on Dec 4 , 19 50 , and that death occurred at 155 p.m., from the causes and on the date stated above.					
23A. SIGNATURE E. Paul Coffey Jr. M.D.		23B. ADDRESS St. Joseph's Hospital		23C. DATE SIGNED 1/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/8/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. NAME OF CEMETERY OR CREMATORY Parkwood		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8-1951		REGISTRAR'S SIGNATURE William H. Rader		25. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Harford Rd	

VS 150

128052140 000160

937

10-14

RECEIVED THE 14th

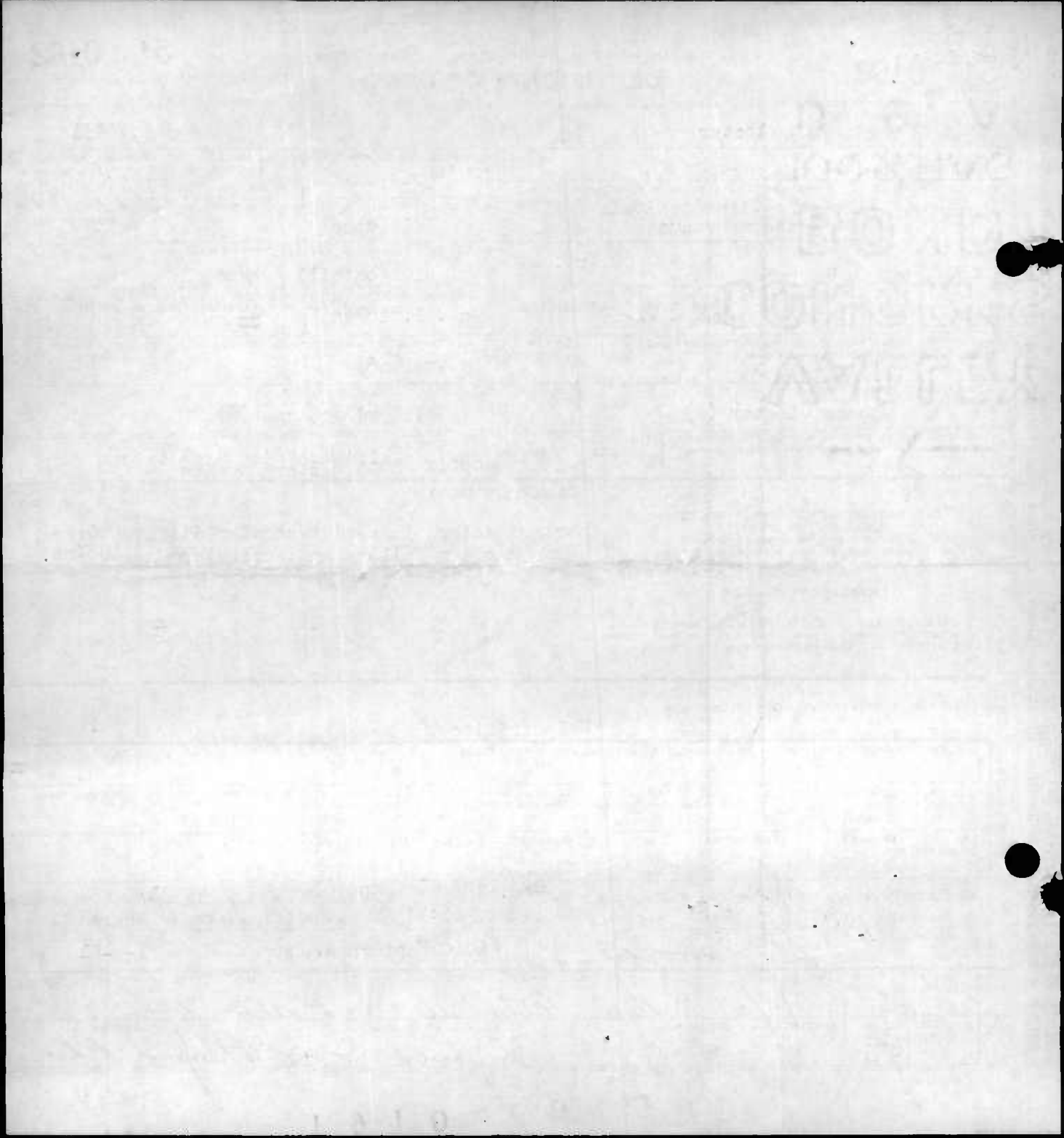
10-14

DEATH

10-14

10-14





PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully and correctly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

100

51 0163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0163

1. NAME OF DECEASED (Type or Print) Samuel Eby		2. DATE OF DEATH JAN 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland HALL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Washington	
5. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Williamsport	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) R.F.D. # 2	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-4-89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Elan Eby		14. MOTHER'S MAIDEN NAME Elizabeth Reiff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT THE JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 155X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Peritonitis 2° to Operation for Carcinoma of Ampulla of Vater (B) Ampulla of Vater (C) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION Jan 4, 1951		19b. MAJOR FINDINGS OF OPERATION Carc. Ampulla of Vater	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-27 , 19 50 to 1-7 , 19 51 that I last saw the deceased alive on 1-7 , 19 51 and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas N.P. Johns		23b. ADDRESS THE JOHNS HOPKINS HOSPITAL	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 10, 1951	
24c. NAME OF CEMETERY OR CREMATORY Clear Spring Cemetery		24d. LOCATION (City, town, or county) (State) Clear Spring, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1951		REGISTRAR'S SIGNATURE William M. ...	
25. FUNERAL DIRECTOR David E. Minnick, Greencastle, Penna.		ADDRESS	

VS 150

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARTHA JANE WILKINSON

2. DATE
OF
DEATH

January 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 502 Cedarhurst Rd

B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-48

D. STREET ADDRESS (If rural, give location)
502 Cedarhurst Rd

c. Length of stay in Baltimore Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

January 9, 1873

9. AGE (In years last birthday)

77

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework

10B. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)
Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James Knox Polk Wilkinson

14. MOTHER'S MAIDEN NAME

Martha Ann Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. James Groves Wilkinson

18. 332X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

18 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis

7 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Senility

7 yrs.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

none

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1944, to January 7, 1951, that I last saw the deceased alive on January 7, 1951, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

A.S. Chayant

23B. ADDRESS

6210 York Road

23C. DATE SIGNED

Jan 7 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-10-1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 8 - 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

John Q. Moran

ADDRESS

3000 E. Baltimore St.

VS 150

19510000167

830

4-3982
Be-7970

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Taylor

2. DATE OF DEATH
1-6-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)
4940 Eastern Ave.
AB Building, Baltimore City Hospitals

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 11- 1903

9. AGE (In years last birthday)

47

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handy man

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City Hospital

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Taylor

(D)

14. MOTHER'S MAIDEN NAME

Elizabeth Petroff

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coronary Insufficiency

1 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ml.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-6-1951 to 1-6-1951 that I last saw the deceased alive on 1-6-1951 and that death occurred at 9.40AM, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Dozen

23B. ADDRESS Baltimore, Md.
4940 Eastern Ave.

23C. DATE SIGNED

1-6-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematorium

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams

25. FUNERAL DIRECTOR

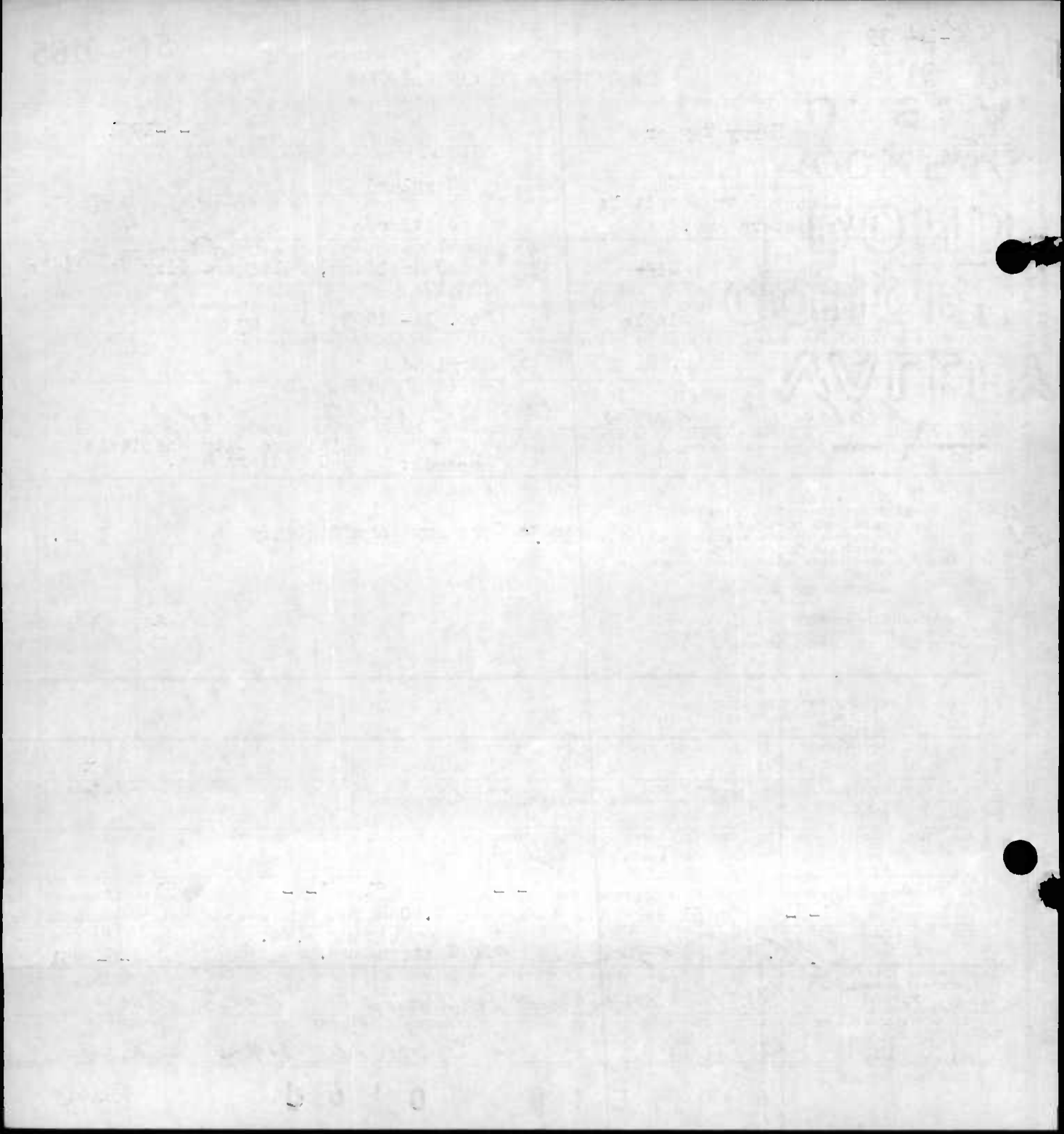
ADDRESS

Wm. Gork Inc. 1217 St. Paul St.

VS 150

1956 JAN 10 0164

94a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

450

DOLAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0166

BIRTH NO. 51 0166			1. NAME OF DECEASED (Type or Print) <u>Dolan Frank Dwyer</u>			2. DATE OF DEATH <u>1-7-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>U.S. Marine Hosp. Balt.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balt.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital, Baltimore Md.</u>			D. STREET ADDRESS (If rural, give location) <u>3833 Reymore Rd.</u>			9-01		
c. Length of stay in Baltimore			5. SEX <u>m.</u>			6. COLOR OR RACE <u>White</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>1-3-14</u>			9. AGE (In years last birthday) <u>37</u> <u>37</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service Vets</u>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>New York</u>		
13. FATHER'S NAME <u>Frank Dolan</u>			14. MOTHER'S MAIDEN NAME <u>Catherine Dwyer</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>VA</u>			17. INFORMANT <u>Eileen C. Dolan-3833 Reymore Rd.</u>		
18. <u>157 X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of pancreas with metastases</u>			CAUSE OF DEATH (A) <u>Carcinoma of pancreas with metastases</u> DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1-4</u> , 19 <u>51</u> , to <u>1-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>51</u> , and that death occurred at <u>6</u> A. M., from the causes and on the date stated above.			23A. SIGNATURE <u>William Rossmore</u>			23B. ADDRESS <u>U.S. Marine Hosp. Balt.</u>		
23C. DATE SIGNED <u>1-7-50</u>			24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24B. DATE <u>1-8-51</u>		
24C. NAME OF CEMETERY OR CREMATORY <u>St. John's Roman Catholic</u>			24D. LOCATION (City, town, or county) (State) <u>Long Island, New York N.Y.</u>			25. FUNERAL DIRECTOR <u>Wm. Cook Inc. 1217 St. Paul St.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 8 - 1951</u>			REGISTRAR'S SIGNATURE <u>Amelia J. Williams, M.D.</u>			ADDRESS		

VS 150

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469

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of coroner		14. Signature of justice of the peace		15. Signature of health officer		16. Signature of state health officer	
17. Signature of state health officer		18. Signature of state health officer		19. Signature of state health officer		20. Signature of state health officer	
21. Signature of state health officer		22. Signature of state health officer		23. Signature of state health officer		24. Signature of state health officer	
25. Signature of state health officer		26. Signature of state health officer		27. Signature of state health officer		28. Signature of state health officer	
29. Signature of state health officer		30. Signature of state health officer		31. Signature of state health officer		32. Signature of state health officer	
33. Signature of state health officer		34. Signature of state health officer		35. Signature of state health officer		36. Signature of state health officer	
37. Signature of state health officer		38. Signature of state health officer		39. Signature of state health officer		40. Signature of state health officer	
41. Signature of state health officer		42. Signature of state health officer		43. Signature of state health officer		44. Signature of state health officer	
45. Signature of state health officer		46. Signature of state health officer		47. Signature of state health officer		48. Signature of state health officer	
49. Signature of state health officer		50. Signature of state health officer		51. Signature of state health officer		52. Signature of state health officer	
53. Signature of state health officer		54. Signature of state health officer		55. Signature of state health officer		56. Signature of state health officer	
57. Signature of state health officer		58. Signature of state health officer		59. Signature of state health officer		60. Signature of state health officer	
61. Signature of state health officer		62. Signature of state health officer		63. Signature of state health officer		64. Signature of state health officer	
65. Signature of state health officer		66. Signature of state health officer		67. Signature of state health officer		68. Signature of state health officer	
69. Signature of state health officer		70. Signature of state health officer		71. Signature of state health officer		72. Signature of state health officer	
73. Signature of state health officer		74. Signature of state health officer		75. Signature of state health officer		76. Signature of state health officer	
77. Signature of state health officer		78. Signature of state health officer		79. Signature of state health officer		80. Signature of state health officer	
81. Signature of state health officer		82. Signature of state health officer		83. Signature of state health officer		84. Signature of state health officer	
85. Signature of state health officer		86. Signature of state health officer		87. Signature of state health officer		88. Signature of state health officer	
89. Signature of state health officer		90. Signature of state health officer		91. Signature of state health officer		92. Signature of state health officer	
93. Signature of state health officer		94. Signature of state health officer		95. Signature of state health officer		96. Signature of state health officer	
97. Signature of state health officer		98. Signature of state health officer		99. Signature of state health officer		100. Signature of state health officer	

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0167
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mrs. Matilda H. Ruekle</i>		2. DATE OF DEATH Jan. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>2313 N. Calvert St.</i> B. COUNTY <i>12-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jenkins Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write locality and give township) <i>Baltimore, Md.</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-20-1857</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>93 yrs.</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>John Honeywell</i>		14. MOTHER'S MAIDEN NAME <i>Frances Dallam</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mr. J. O. Honeywell</i>		ADDRESS <i>- 4404 Flowerton Rd.</i>	

MEDICAL CERTIFICATION

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>MYOCARDIAL DEGENERATION</i> DUE TO (B) <i>GENERALIZED ARTERIO SCLEROSIS</i> DUE TO (C) <i>SENILITY</i>	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/1</i> , 19 <i>50</i> to <i>1/5</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/4</i> , 19 <i>51</i> , and that death occurred at <i>2:50</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John B. Allen</i>		23B. ADDRESS <i>10. 4404 Flowerton Rd.</i>		23C. DATE SIGNED <i>1/5/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/11/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>					

DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 8 - 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Fisher & Sons</i>	ADDRESS <i>Balto., Md.</i>
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STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1961

1-21-61

0 0 0 0

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

540
51 0168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0168

Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ELIZABETH B. O'NEAL			2. DATE OF DEATH Jan. 5, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3502 Clifton Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 776 W. Cross St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 20, 1868		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			9. AGE (In years: last birthday) 82 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.		
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME - Boyd			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. Charles O'Neal - 7100 Bristol Rd.		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Failure DUE TO Arteriosclerotic Arterio Sclerosis DUE TO Cardiovascular Disease DUE TO			CAUSE OF DEATH Acute Cardiac Failure Arteriosclerotic Arterio Sclerosis Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 1 da 1 hr		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 6/10/45 , 19 45 , to 1-5 , 19 51 ; that I last saw the deceased alive on 1-5 , 19 51 , and that death occurred at 330 m., from the causes and on the date stated above.								
23A. SIGNATURE Joseph H. Paulk, Jr.			23B. ADDRESS 629 Washington Blvd		23C. DATE SIGNED 1/6/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/8/51		24C. NAME OF CEMETERY OR CREMATORY Louisa Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wm. J. Lickner & Sons		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons		ADDRESS Balto., Md.		

JAN 8 - 1951
VS 150

19510000167

937 md.

1. *Chrysomelidae*
 2. *Chrysomelidae*
 3. *Chrysomelidae*

12/2/11 12:00 PM 12/2/11 12:00 PM

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0169
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DANIEL J. EMICH

2. DATE
OF
DEATH

Jan. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3034 Guilford Ave.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3034 Guilford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Aug. 4, 1859

9. AGE (In year-
last birthday)

91

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vice Pres. (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel J. Emich

14. MOTHER'S MAIDEN NAME

Martha Warner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT Trust Officers
Mr. Graham Wood - First National Bank Bldg

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart Disease 2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Senility Age 91

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 1, 1947 to 1-5-1951 that I last saw the deceased alive on 1-5-1951 and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3105 N. Charles St. 18. 1-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

1/8/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 8 1951

Wm. J. Tichenor & Sons

Wm. J. Tichenor & Sons - Balto. Md.

UNITED STATES

WILLIAM

ST. LOUIS

MISSOURI

WILLIAM

1898

1898

1898

1898

1898

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given, and the cause of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0170**

360
BIRTH NO. **51 0170**

1. NAME OF DECEASED (Type or Print) EVELYN O. TITTER			2. DATE OF DEATH JANUARY 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-08		
D. STREET ADDRESS (If rural, give location) 1114 Wildwood PARKWAY					
c. Length of stay in Baltimore ALL LIFE					
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 17, 1895		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY clothing (M)	11. BIRTHPLACE (State or foreign country) MARYLAND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willis Edgar Long			14. MOTHER'S MAIDEN NAME Ida ELLEN Lowman.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. George H. Titter - 1114 Wildwood Pkwy		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 157X I UREMIA			INTERVAL BETWEEN ONSET AND DEATH 8 mos.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) GENERALIZED abdominal carcinomatosis (C) Pancreas probable primary site			(over)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Nov 23, 1950		19B. MAJOR FINDINGS OF OPERATION GENERALIZED abdominal carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from Nov 17, 1950 , to JAN 7, 1951 , that I last saw the deceased alive on Jan 7, 1951 , and that death occurred at 11:25 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE José G. Valderas.		23B. ADDRESS University Hospital		23C. DATE SIGNED Jan 7 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/10/51	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cem.	24D. LOCATION (City, town, or county) (State) Elkridge, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1951	REGISTRAR'S SIGNATURE Wm. J. Titterton	25. FUNERAL DIRECTOR Wm. J. Titterton & Son.		ADDRESS Balto Md.	

VS 150

195400600109

462

Was there any indication
in clinical record of the
probable primary site of malignancy?

If possible please state a more
definite anatomical location of
the malignancy?

See Document File 51-0170
1/17/1951 ES

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Schmidt

2. DATE
OF
DEATH

1-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp. of Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

2811 SUNSET DRIVE #23 BALTIMORE

D. STREET ADDRESS (If rural, give location)

2811 Sunset Drive

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-21-92

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Crane Operator, U.S. Steel Co

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John C. Schmidt

14. MOTHER'S MAIDEN NAME

Margaret Herzog

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Louis Ammott, 192 Packard
Fernside Rd.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterior Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Anemia Undetermined Origin

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-4-51, 19__, to 1-5-51, 19__, that I last saw the deceased alive on 1-5-51, 19__, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold L. Caly Jr.

M. D.

23B. ADDRESS

Lutheran Hosp. Md.

23C. DATE SIGNED

1-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John J. Cowan & Son, 2101
St.

JAN 9 - 1951

1955/3A0170

93D

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES B. LeBRUN

2. DATE
OF
DEATH

January 4, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4940 Eastern Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

47 S. Kresson St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 17, 1899

9. AGE (in years last birthday)

51

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Crown, Cork & Seal Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

William H. LeBrun

14. MOTHER'S MAIDEN NAME

Mary E. Schefflein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.
213-01-0694

17. INFORMANT

ADDRESS

Florence D. LeBrun 47 S. Kresson St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947 to Jan 4, 1951 that I last saw the deceased alive on 12/27, 1950, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 8, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7225 Eastern Ave., Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 8 - 1951

William H. Williams, M.D.

Charles S. Geiler

901 S. Conkling St.

VS 150

295 BZ 000171

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 450
0173

1-17-51-1-18-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0173
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALLEN, TRAVERS

2. DATE
OF
DEATH

JANUARY 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

25 1/2

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CRATER

10B. KIND OF BUSINESS OR INDUSTRY

American Radiator and Standard Sanitary

13. FATHER'S NAME

LAWRENCE

ALLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-01-4958

17. INFORMANT

Elsie Allen

ADDRESS

740 CARROLL ST.

18. 163 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of rt. lung

INTERVAL BETWEEN ONSET AND DEATH

at least two years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1950, to Jan 6, 1951, that I last saw the deceased alive on Jan. 6, 1951, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin C. Macapoupan M. D.

23B. ADDRESS

So. Balto. Gen Hosp

23C. DATE SIGNED

1-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JAN. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN Cem.

24D. LOCATION (City, town, or county)

GLEN BURNIE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.

JAN 8 - 1951

25. FUNERAL DIRECTOR

J. J. Ambrose, Jr. 1328 Sulphur Spring Rd.

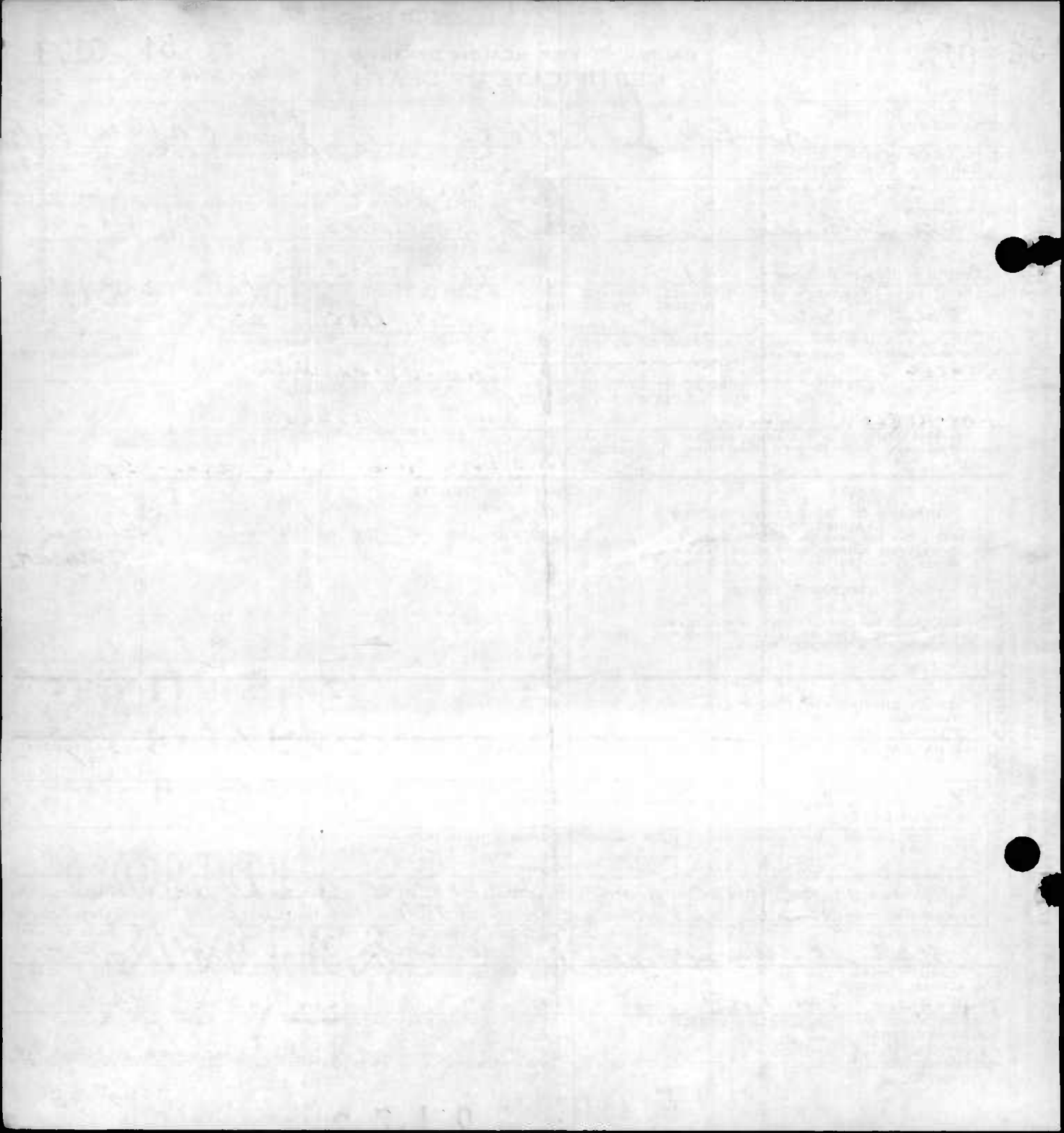
ADDRESS

VS 150

1951 6896K

0173

472



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

324 51 0174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0174
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vellie J. Mitchell

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept 1 1897

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

auditor

10B. KIND OF BUSINESS OR
INDUSTRY

Government

11. BIRTHPLACE (State or foreign country)

Balto

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mathew Edward Mitchell

14. MOTHER'S MAIDEN NAME

Anna F. Finerty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William J. Mitchell 209 Rogers St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertension C.V. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

1/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

1 9 50 6 8/1000 0 1 7 3

937 V

WASHINGTON CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Name of Deceased: John Smith
 Date of Birth: Jan 15 1880
 Sex: Male
 Race: White
 Marital Status: Married
 Occupation: Teacher
 Usual Residence: 123 Main St. N.W.
 Date of Death: Dec 10 1910
 Place of Death: Home
 Cause of Death: Heart Disease
 Physician: Dr. J. H. Jones
 Burial Place: Greenwood Cemetery
 Name of Undertaker: John Doe
 Signature of Physician: [Signature]
 Signature of Undertaker: [Signature]
 Signature of Registrar: [Signature]
 Date of Registration: Dec 15 1910

Name of Deceased: John Smith
 Date of Birth: Jan 15 1880
 Sex: Male
 Race: White
 Marital Status: Married
 Occupation: Teacher
 Usual Residence: 123 Main St. N.W.
 Date of Death: Dec 10 1910
 Place of Death: Home
 Cause of Death: Heart Disease
 Physician: Dr. J. H. Jones
 Burial Place: Greenwood Cemetery
 Name of Undertaker: John Doe
 Signature of Physician: [Signature]
 Signature of Undertaker: [Signature]
 Signature of Registrar: [Signature]
 Date of Registration: Dec 15 1910

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520
51 0175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0175

BIRTH NO. 51-0175

1. NAME OF DECEASED
(Type or Print)

Baby Boy Deems

2. DATE
OF
DEATH

JAN. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Hospital for the Women
of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Balto 53-00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO

D. STREET ADDRESS (If rural, give location)

7003 DUNBAR-Rd

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 5, 1951

9. AGE (in years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

2 26

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Joseph Deems

14. MOTHER'S MAIDEN NAME

Louise Sean Giordano

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. James Deems 7003 Dunbar Rd

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CONGENITAL HEART DISEASE

2 26
60 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CDN.
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hydromelia left
Hydronephrosis left
Aplasia, Rt. Kidney

2 26
60 hr.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 4²⁴ 1-5, 1951, to 6⁵⁰ 1-5, 1951, that I last saw the
deceased alive on 1-5, 1951, and that death occurred at 6⁵⁰ pm, from the causes and on the date stated above.

23A. SIGNATURE

R. L. Markles

M. D.

23B. ADDRESS

Hopkins for the home of Md.

23C. DATE SIGNED

1-6-51.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/8/51

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county)

BALTIMORE Co. MD

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 8 - 1951

REGISTRAR'S SIGNATURE

William Williams

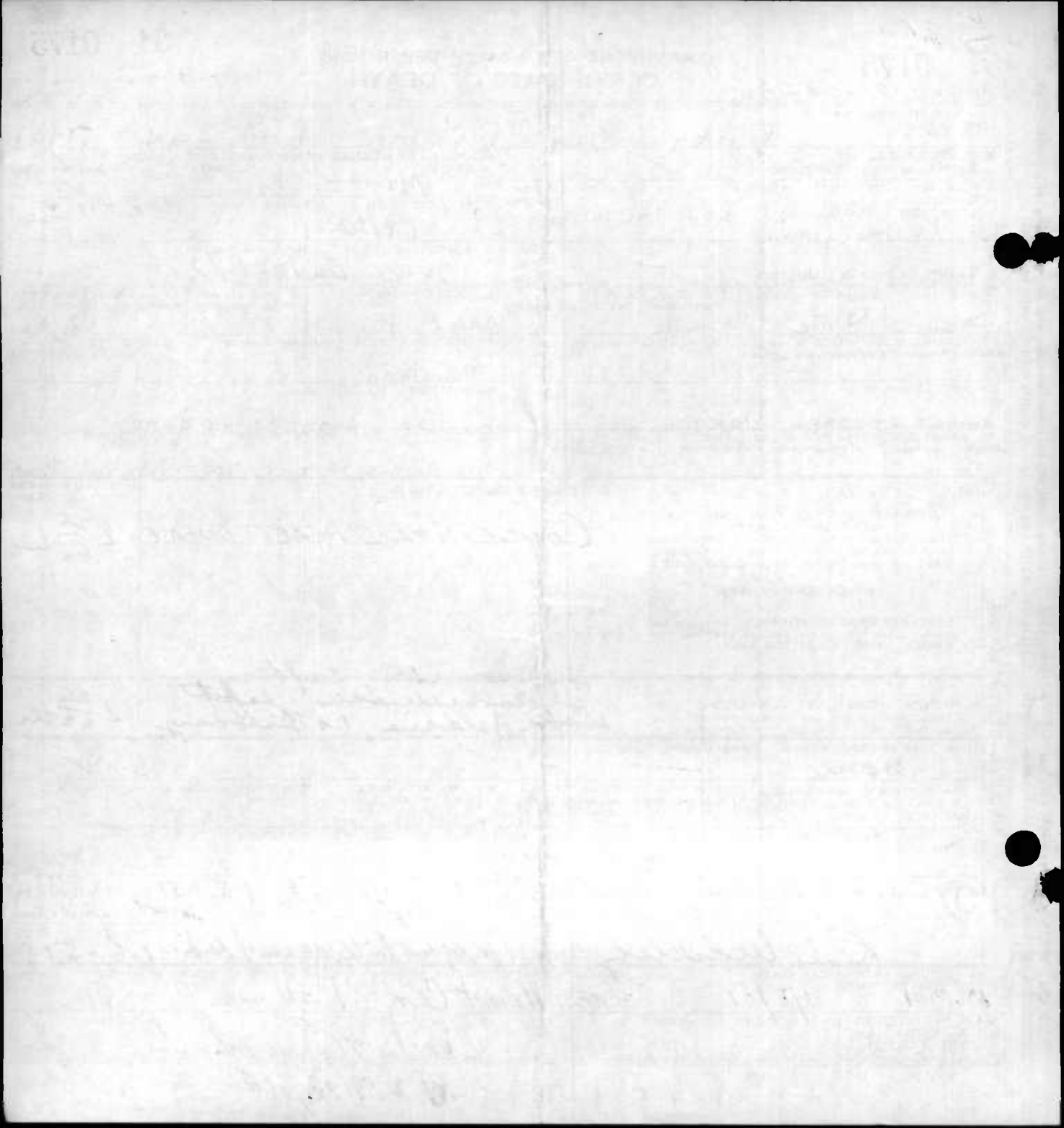
25. FUNERAL DIRECTOR

Charles H. Gandy, Inc

ADDRESS

VS 150

1951 000 10 N. 17th Ave 157E



PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0176

562
ND-14-220
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allen Summers

2. DATE
OF
DEATH Jan. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baths, city*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
13 S. Bond St. (126 Exeter St. Z2)

c. Length of stay in Baltimore

31 Yrs.
Mos.
Days

5. SEX
M

6. COLOR OR RACE
N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Jan. 4, 1881

9. AGE (In years last birthday) 70
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

10B. KIND OF BUSINESS OR INDUSTRY
Sumbu Business

11. BIRTHPLACE (State or foreign country)
Ala.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Jim Summers

14. MOTHER'S MAIDEN NAME
America Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
213-01-4218

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. *420.0*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) *Coronary Occlusion*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
3 or 4 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cerebral Arteriosclerotic Heart Disease*
DUE TO
(C)

1 or 2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis Heart Disease

1 or 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 19 50 to 1-5, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE
J. Elger

23B. ADDRESS
M. D. 4940 Eastern Avenue

23C. DATE SIGNED
1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
1-8-51

24C. NAME OF CEMETERY OR CREMATORY
mt Calvary cem

24D. LOCATION (City, town, or county) (State)
Brooklyn ms

DATE RECEIVED BY LOCAL REGISTRAR
JAN 8 - 1951

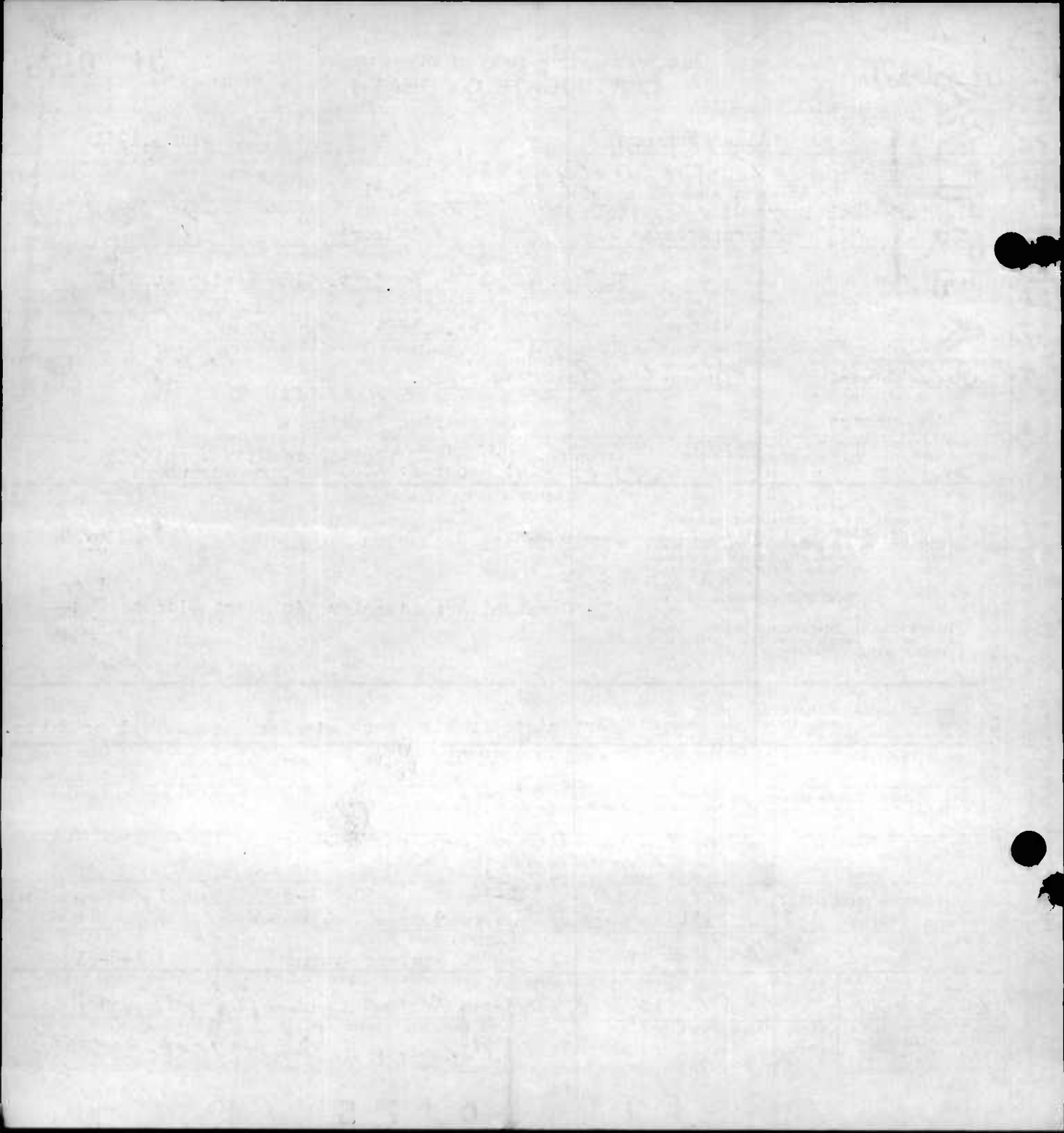
REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR ADDRESS
Choy O. Wilson 1000 Bryant

VS 150

951 097 468 175

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

(CHERRY) Harry Myers, JR.

2. DATE
OF
DEATH

Jan. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-01

D. STREET ADDRESS (If rural, give location)

Unknown

c. Length of stay in Baltimore

58

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH (1944)

10/13/1898

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

Oct 13

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Unemployed

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Myers

14. MOTHER'S MAIDEN NAME

Elizabeth Bushman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bernard H. Myers 9 Godes Ave. Essex

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Pulmonary Tuberculosis

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Jan. 6, 1951, that I last saw the deceased alive on Jan. 6, 1951, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul F. Richardson

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Jan. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 8 - 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

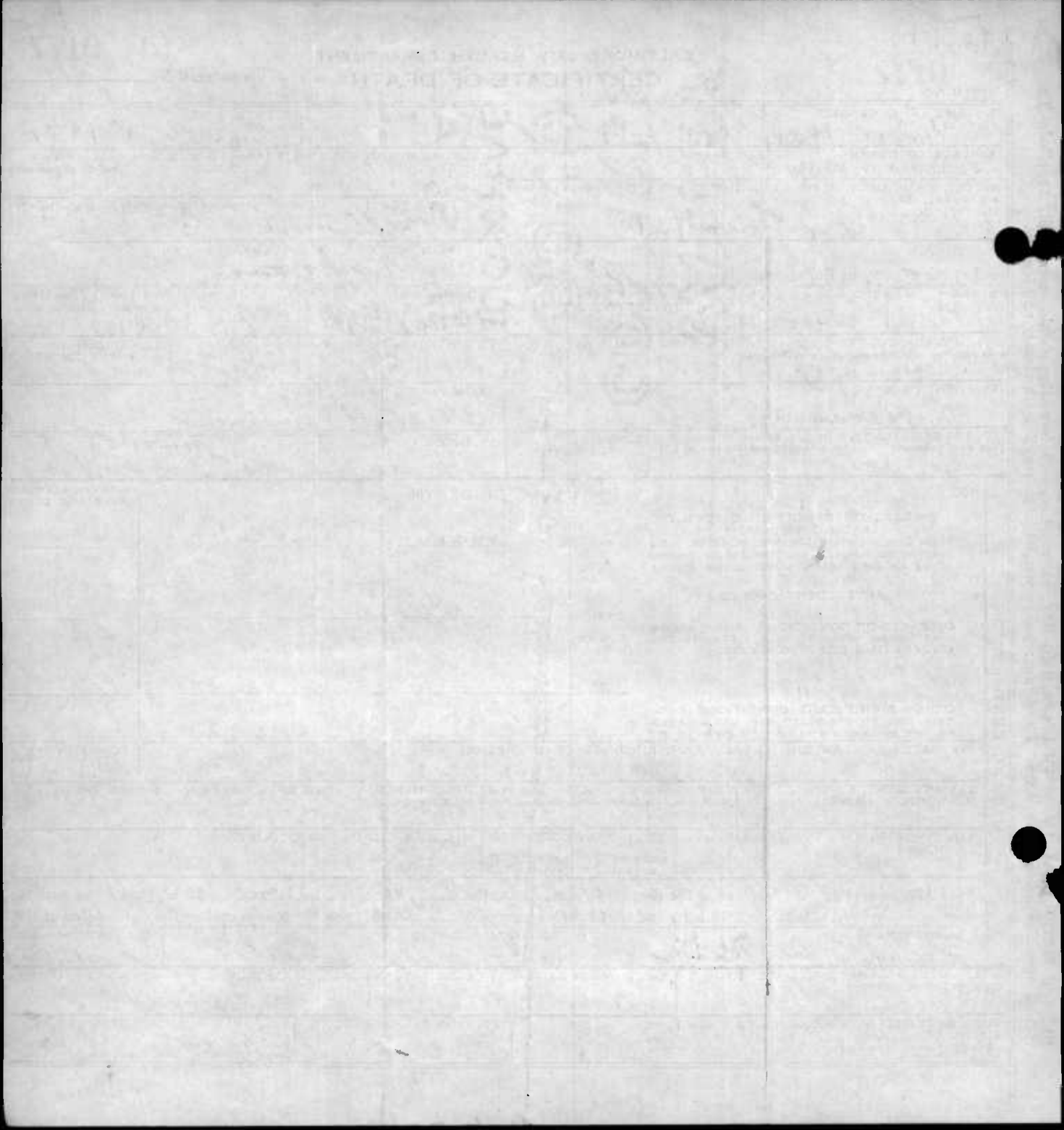
ADDRESS

Wm. Cook Inc. 1217 St. Paul St

VS 150

1 2 5 1 0 5 6 4 2 4

13 B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 2-1-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0178

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MORRISON GRACE I.		2. DATE OF DEATH JANUARY 7th, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6-05	
c. Length of stay in Baltimore 37 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) CHURCH HOME HOSPITAL	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 4th 1909
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Graduate Registered Nurse		9. AGE (In years last birthday) 41 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Samuel Morrison		14. MOTHER'S MAIDEN NAME Mary Bolton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Pat. ent		ADDRESS <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410X I	CAUSE OF DEATH (A) pulmonary embolus DUE TO auricular fibrillation (B) aortic insufficiency DUE TO mitral insufficiency (C) inactive Rheumatic heart disease	INTERVAL BETWEEN ONSET AND DEATH 1 hour 10 min about 10 yrs 29 yrs 29 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 7th, 1951 , to January 7th, 1951 , that I last saw the deceased alive on January 7th, 1951 , and that death occurred at 6.10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dorothy L. Casberg		23B. ADDRESS Church Home Hospital		23C. DATE SIGNED January 7, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/10/51		24C. NAME OF CEMETERY Morland Park	
24D. LOCATION (City, town, or county) Parkville, Md.		24E. STATE Md.		25. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1951		REGISTRAR'S SIGNATURE Washington Williams		ADDRESS	

VS 150

1951 058031 22

92B

Was the R.H. condition accompanied
by active R.F. at the turning death?

or

inactive, present in a chronic condition?

See Document File 51 -0178

1/17/1951 ES

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0179

BIRTH NO. 50-14464

1. NAME OF DECEASED (Type or Print) <u>GLEN DORSEY</u>		2. DATE OF DEATH <u>January 5, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>118 S. Stockton Street</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>7-19-1950</u>	9. AGE (In years last birthday) <u>5</u>	If Under 1 Year Months: Days <u>5</u>	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Walter Dorsey</u>		14. MOTHER'S MAIDEN NAME <u>Bartholomew</u>		17. INFORMANT <u>Bartholomew Dorsey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		ADDRESS <u>118 S. Stockton St.</u>		

18. <u>490X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Lobar pneumonia</u>		CAUSE OF DEATH (A) <u>Lobar pneumonia</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>-</u> DUE TO			
(C) <u>-</u> DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>Stanley H. Deanecker</u> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>Jan. 5, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1-8-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>W.H. Culburn Cem. Balto.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>		25. FUNERAL DIRECTOR <u>Mrs. Kate Williams</u>		ADDRESS <u>322 N. Broadway St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 8 - 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>			

PLEASE WRITE IN FAIRLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

535
51 0180
BIRTH NO.

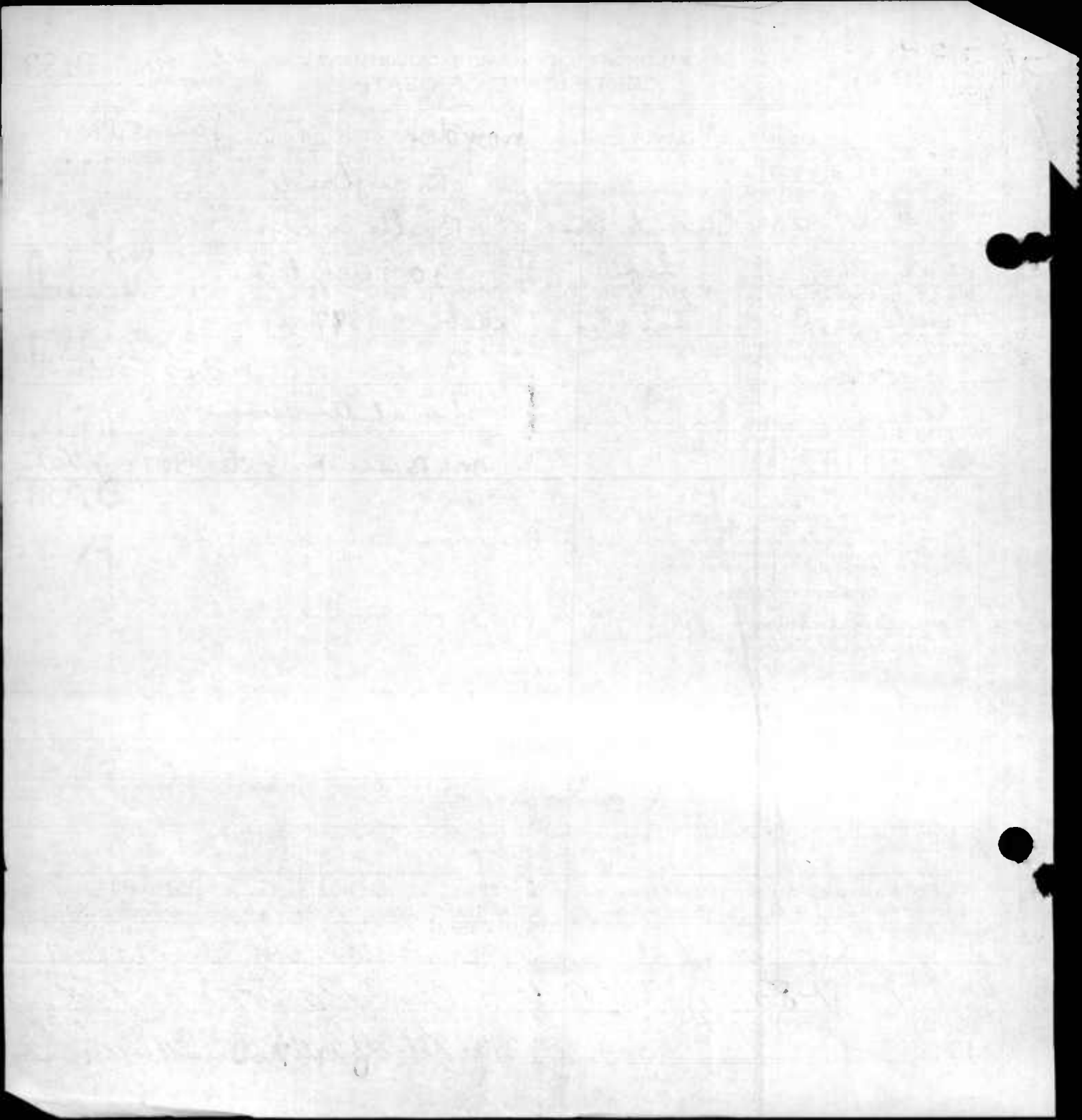
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0180

1. NAME OF DECEASED (Type or Print) Mamie N. Snowden.		2. DATE OF DEATH Jan. 5, 1951.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 909 Angyle Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 909 Angyle Ave.	
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 19, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 61
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nicholdemus Snowden		14. MOTHER'S MAIDEN NAME Sarah Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Bessie M. Coates		ADDRESS 909 Myrtle Ave.	

18. 422 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Chronic myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	(B) DUE TO	
	(C) Extreme obesity	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-17- , 19 50 , to 1-5 , 19 51 , that I last saw the deceased alive on 1-4 , 19 51 , and that death occurred at 10:45 am. , from the causes and on the date stated above.					
23A. SIGNATURE C.R. Campbell		23B. ADDRESS 718 Dolphin St.		23C. DATE SIGNED 1-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-8-1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Balto.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Mrs. Katie Philipiana		ADDRESS 322 N. Snowden St.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams			



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0181**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA L. CROCKETT

2. DATE
OF
DEATH

6 JAN 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

**Good Samaritan Hospital
27 N. Carey St.**

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

LEONARD FORMAN 4516 FALLS Rd.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive and arteriosclerotic
cardio-vascular disease
with chronic myocarditis + failure**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3 Jan, 1951**, to **6 Jan, 1951**, that I last saw the deceased alive on **5 Jan, 1951**, and that death occurred at **12:02 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Emil J. Henning, M.D.

601 Winans Way

6 Jan 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/8/51

St. Marys

Hampden

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 8 - 1951

Emil J. Henning, M.D.

Jacob Winkler Sons

Manchester, Md.

VS 150

19510000180

93

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

ANDREW D. DODD, PRINTER

1901

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PLEASE WRITE IN FAIRLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160
51 0182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0182

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MELLIE C. HOOVER.

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3530 Reswick Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 13-06

D. STREET ADDRESS (If rural, give location)

3530 Reswick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 28, 1873

9. AGE (In years last birthday)

77

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Oliver L. Hoover 3530 Reswick Rd.

18.

442X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Due to

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Due to

Cardio-renal-vascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1949, to 1/6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Hoover M. D.

23B. ADDRESS

617 W. 40th St

23C. DATE SIGNED

1/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/10/51

24C. NAME OF CEMETERY OR CREMATORY

Manchester Lutheran

24D. LOCATION (City, town, or county) (State)

Manchester, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

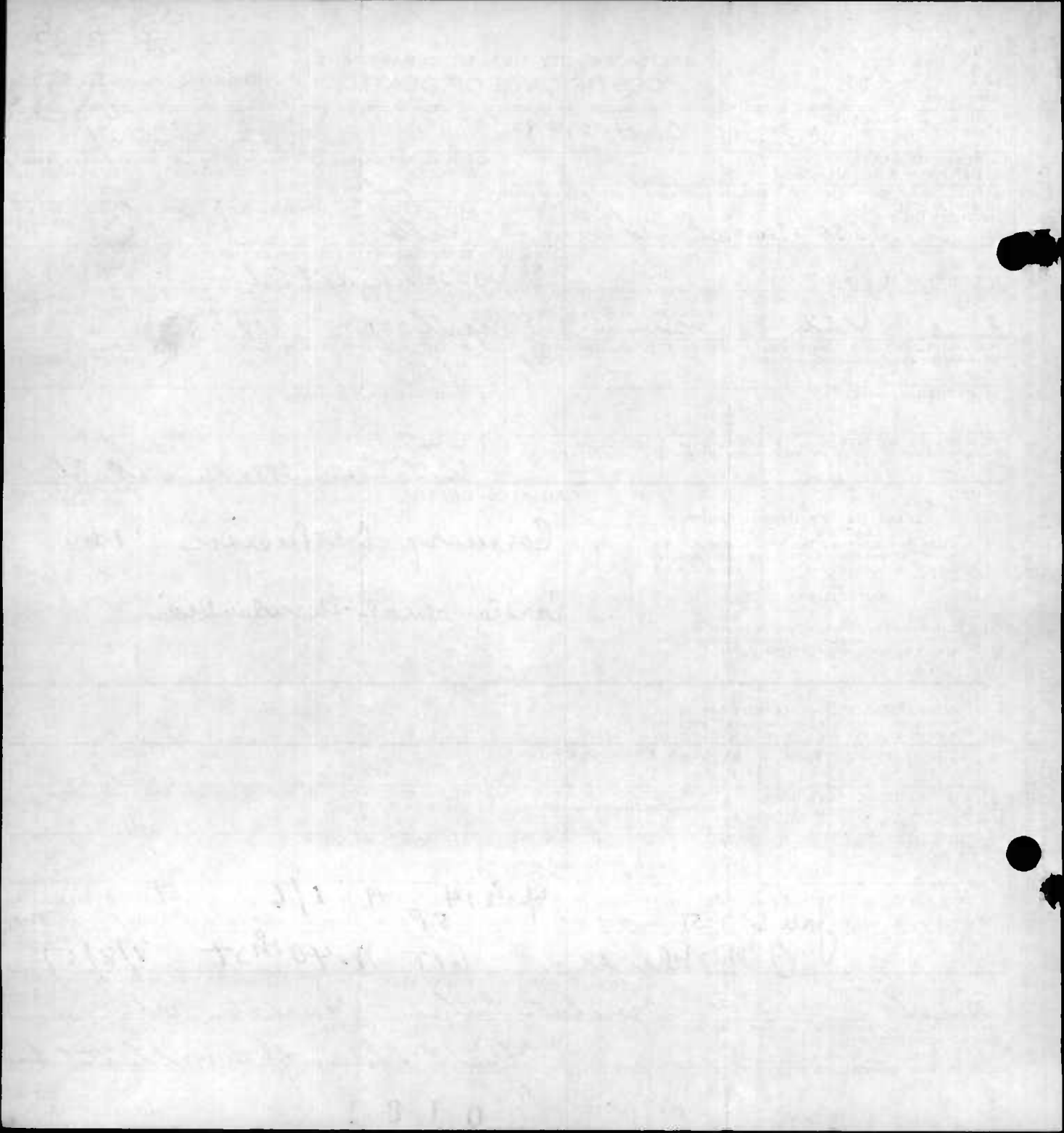
25. FUNERAL DIRECTOR

ADDRESS

JAN 8 - 1951

Wm. H. Williams

Paul E. Schenck 3615-13 Chestnut Ave



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0183**

BIRTH NO. **625 51 0183**

1. NAME OF DECEASED
(Type or Print)

ROLAND W. MORGAN

2. DATE OF DEATH **January 6, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)

3706 Gedge Coolidge Ave

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 15, 1912

9. AGE (In years last birthday)

38

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Patrolman

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Police Dept.

11. BIRTHPLACE (State or foreign country)

Germanstown Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Merton W. Morgan

14. MOTHER'S MAIDEN NAME

Helen Fuller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth F Morgan 3706 Gedge Coolidge Ave.

18. **E 812.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Depressed fracture of skull**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of right forearm**

DUE TO

(C) **Fracture of both legs**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

upland Rd. Roland and Upton St.

21D. TIME (Month) (Day) (Year) (Hour)

Jan. 5, 1951 11 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

January 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Fredrick Ave.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Paul E. Schenewitz 3615-12 Chestnut Ave.

ADDRESS

V S 151

N-804. 2 1 5 1793 930 1 8 2

170C

200

51 3184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewis Paugh

2. DATE
OF
DEATH

1-7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY Baltimore before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Essex township) 53.00

D. STREET ADDRESS (If rural, give location)

340 Savannah Ave zone 21

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Sept-30-1932

9. AGE (In years
last birthday)

18

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W.Va. (Maryland)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lester Paugh

14. MOTHER'S MAIDEN NAME

Bessie Warnick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 591X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Subacute Glomerulo Nephritis

4mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST. DUE TO(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8-1950 to 1-7-1951 that I last saw the
deceased alive on 1-7-1951 and that death occurred at 1:50 PM from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

1-7-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150
JAN 8 - 1951

510200183

130 Cur

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

K-420185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0185

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Theresa Klix

2. DATE

OF
DEATH Jan. 6th., 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Harford Convalescent Home location)
INSTITUTION 4700 Harford Road4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3309 Clifftmont Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 8th., 1885

9. AGE (In years

last birthday)

65

10. Under 1 Year

Months: Days

5

28

11. Under 24 Hours

Hours: Min.

28

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry Uhl

14. MOTHER'S MAIDEN NAME

Theresa Digleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Frederick H. Klix - 3309 Clifftmont Ave

1B.

156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of liver

9 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Thoracic Liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from _____, 1940, to _____, 1951, that I last saw the
deceased alive on 1-6, 1951, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. M. Moore

M. D.

23B. ADDRESS

3105 Belair Rd

23C. DATE SIGNED

1-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

I-9-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. M. Moore

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue

JAN 8 - 1951

VS 150

19510000184

46F

FULLY SUPPLIED. THE
Every item of information should be clearly and legibly
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-451

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

130725

51

0186

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0186

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Muhlenfeld

2. DATE
OF
DEATH

Jan 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
12 High Street-- Tower Hotel

E. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanics10B. KIND OF BUSINESS OR INDUSTRY
Auto mechanics

13. FATHER'S NAME

Fritz Muhlenfeld

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL SECURITY NO.
212 16-6505A17. INFORMANT ADDRESS
Records Baltimore City Hospitals
4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

3 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Jan 6, 1951 that I last saw the deceased alive on Jan 6, 1951 and that death occurred at 11:10 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

24D. LOCATION (City, town, or county)

Balt Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

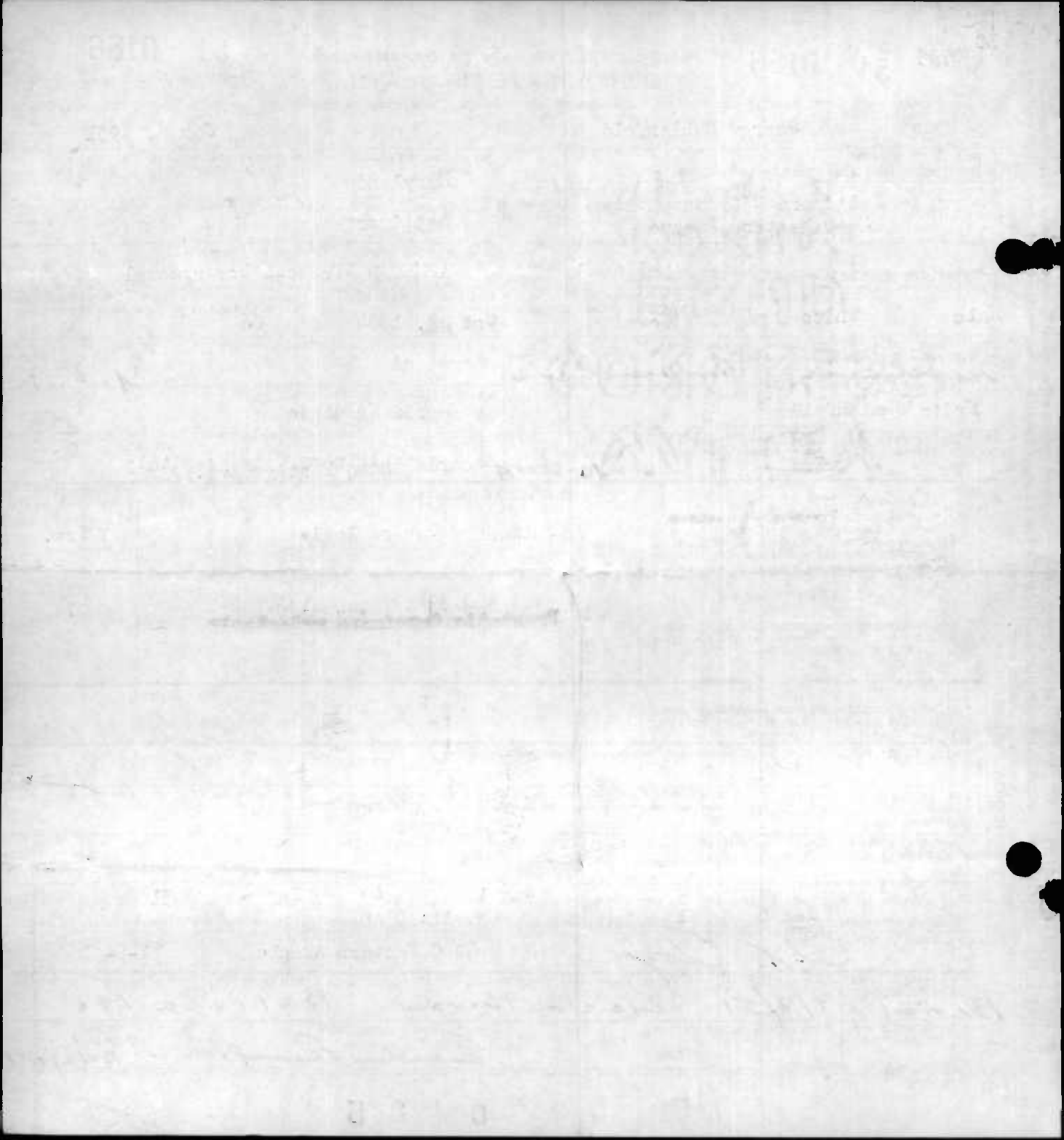
25. FUNERAL DIRECTOR

ADDRESS

JAN 8 1951

1 5 1 5059A3 0 1 8 6

13B



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0187

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA M. ELLISON

2. DATE
OF
DEATH

Jan. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2810 Westfield Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2810 Westfield Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 1, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unk. known

14. MOTHER'S MAIDEN NAME

Unknown Grafton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. H. Ellison - 405 Southway

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Chr. myocarditis

1945

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chr. Interstitial Nephritis

1945

DUE TO

(C)

Arterio Sclerosis

1945

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 21, 1950 to Jan. 7, 1951 that I last saw the deceased alive on Jan 6, 1951 and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

23B. ADDRESS

3602 Liberty Hgts. Av.

23C. DATE SIGNED

1-8-51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/10/51

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Suckner & Sons - Balto

14510000186

131a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-536

51 0188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0188

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADA AMELIA HUNDERTMARK

2. DATE
OF
DEATH

Jan. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1215 Scott St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

John Ricker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

Miss Ada May Hundertmark - 1215 Scott St.

18. 153X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cancer Transverse Colon

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Anemia Secondary

1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1, 1950, to Jan 8, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 2 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

651 N Bentall St.

1-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/11/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

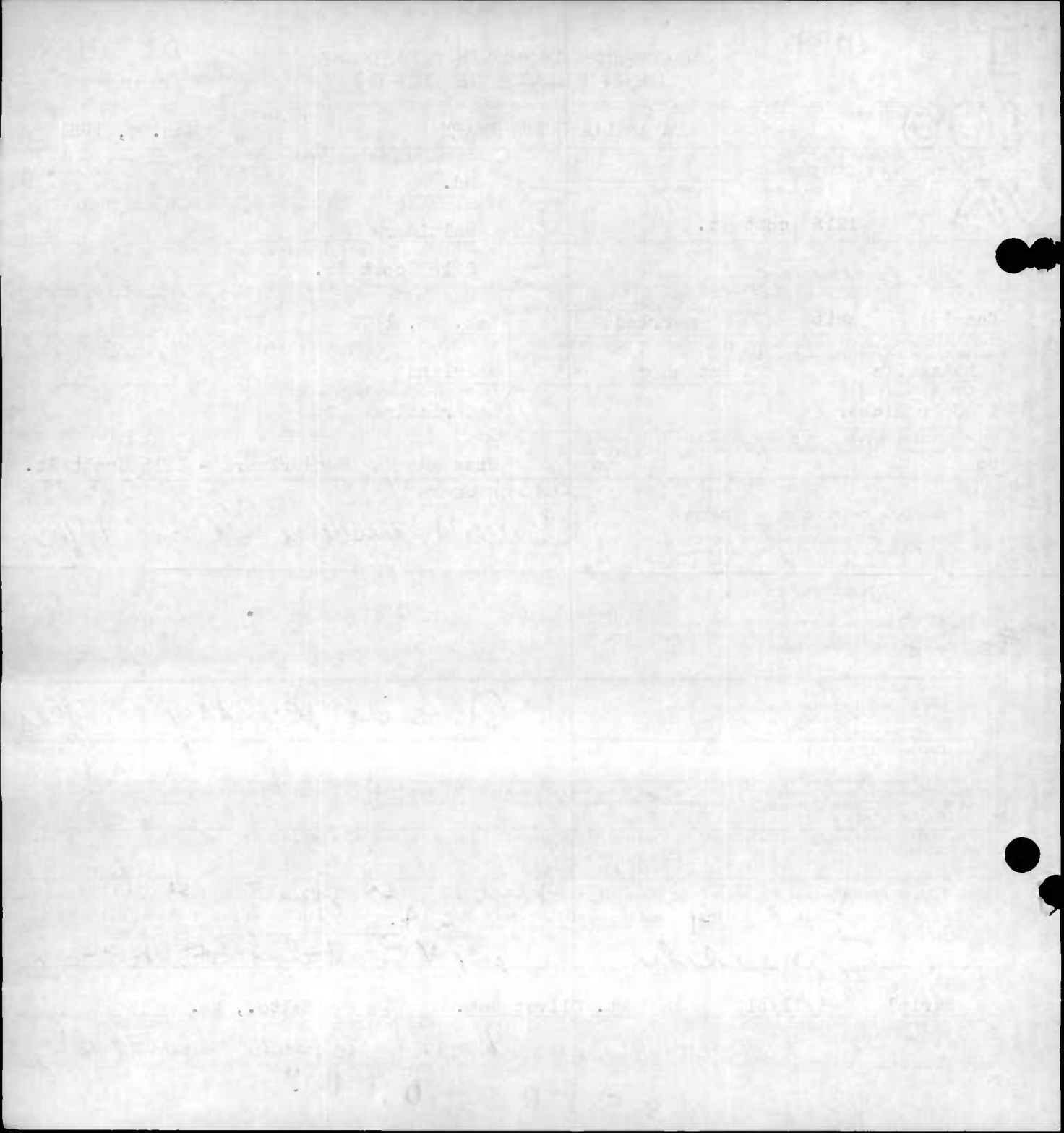
JAN 8 1951

Wm. J. Tichner

Wm. J. Tichner & Sons - Balto. Md.

19510200187

46E



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

H-536		51 0189		BALTIMORE CITY HEALTH DEPARTMENT		51 0189	
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Charles W. Hundertmark				2. DATE OF DEATH 1-5-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 22-02			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 655 Portland St #30			
c. Length of stay in Baltimore life				D. STREET ADDRESS (If rural, give location) Baltimore			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7/2/71	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk				10B. KIND OF BUSINESS OR INDUSTRY auto supplies		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME August Hundertmark				14. MOTHER'S MAIDEN NAME Catherine Emrich			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-18-5755		17. INFORMANT ADDRESS Mr. Andrew J. Hundertmark -4206 Loch Raven Blvd.			
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rupture of myocardium DUE TO Coronary occlusion ANTECEDENT CAUSES Arteriosclerotic heart disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral thromboses due to cerebral arteriosclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH Terminal unknown unknown unknown			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION arteriosclerosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-31-1950 to 1-5-1951 that I last saw the deceased alive on 1-5-1951 and that death occurred at 9:47 m., from the causes and on the date stated above.							
23A. SIGNATURE Marguerite Louisa Carder				23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 1-6-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/9/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1951		REGISTRAR'S SIGNATURE Wm. J. Tichenor		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichenor & Sons - Balto			
VS 150 19510200180 937 md.							

13-1

Mr. [illegible]
[illegible]

15/11/54

10/11/54

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0190

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KARL SCHMIDT

2. DATE
OF
DEATH

8 Jan. '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)US Marine Hospital
Wyman Park Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Florida

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Miami

D. STREET ADDRESS (If rural, give location)

3211 NW -10th Court

c. Length of stay in Baltimore

31 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/27/94

9. AGE (In years
last birthday)

56

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

U. S. Coast Guard

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Schmidt

14. MOTHER'S MAIDEN NAME

Edo ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I & 2

16. SOCIAL
SECURITY NO.

264-38-6189

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of stomach with partial

DUE TO pyloric obstruction.

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1950, to Jan. 8, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE
John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

1/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-8-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1 5 1 5 9 5 3 0 1 8 9

46 B St

11.1

11.1

11.1 - 11.1

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11.1 - 11.1

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0191

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES W. BOECKER

2. DATE
OF
DEATH

1-6-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lansdowne

D. STREET ADDRESS (If rural, give location)

211 Hazel Ave

5300

c. Length of stay in Baltimore

1

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

4-27-1875

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

8 11

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Retired Gun Molder

10B. KIND OF BUSINESS OR INDUSTRY

Sexton Store Co.

13. FATHER'S NAME

Un Known

14. MOTHER'S MAIDEN NAME

Un Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

CHARLES W. BOECKER, JR. 211 HAZEL AVE.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma descending colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Dehydration
Generalized arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

1/6/51

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction from Ca descending colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/6, 1957, to 1/6, 1957, that I last saw the deceased alive on 1/6, 1957, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

R. Manning

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

1/7/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

January 19, 1957

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 8 - 1957

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 Frederick Ave

ADDRESS

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please state the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOUL, THOMAS

2. DATE
OF
DEATH

1-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

BON SECOURS

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-02

D. STREET ADDRESS (If rural, give location)

814 G. Milton Ave

C. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 19/68

9. AGE (in years
last birthday)

82

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Factor

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED

11. BIRTHPLACE (State or foreign country)

Bohemia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Joseph Soul

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
212-18-2656 A

17. INFORMANT

ADDRESS

Joseph Soul 814 G. Milton Ave

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT 4 DAYS

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROSIS

DOE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-6, 1951, that I last saw the
deceased alive on 1-6, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Rehak M.D.

23B. ADDRESS

Box Secours Hosp

23C. DATE SIGNED

1-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-10-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Brockson, 832 N. E. St.

JAN 8-1951

VS 150

19510000191

83a

1

CONFIDENTIAL

SECRET

1010

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H25		51 0193		CERTIFICATE CORRECTED 1-10-51		51 0193	
BALTIMORE CITY HEALTH DEPARTMENT						Registered No. _____	
BIRTH NO. _____							
1. NAME OF DECEASED (Type or Print) GEORGE GLESSNER				2. DATE OF DEATH January 7, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lynview Avenue 5411 Lynwood Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 5 years				D. STREET ADDRESS (If rural, give location) 5411 Lynwood Avenue			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-3-13	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warrant Officer		10B. KIND OF BUSINESS OR INDUSTRY U. S. Army		11. BIRTHPLACE (State or foreign country) York, Pa.		9. AGE (In years last birthday) 37	
13. FATHER'S NAME Hamilton Glessner				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				14. MOTHER'S MAIDEN NAME Catherine A.			
16. SOCIAL SECURITY NO. _____				17. INFORMANT Reuben Feldman, 5411 Lynwood Avenue			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____						INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE Russell C. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 7, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-9-51		24C. NAME OF CEMETERY OR CREMATORY Arlington Cemetery		24D. LOCATION (City, town, or county) (State) Arlington, Virginia	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler, Inc. - 403 S. Wolfe St.			
VS 151							

1 9 55N-091 0 0 1 9 2

94a

CHICAGO CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		CAUSE OF DEATH _____		MEDICAL ATTENDANT _____	
DATE OF DEATH _____		TIME OF DEATH _____		PLACE OF INTERMENT _____	
SIGNATURE OF DECEASED _____		SIGNATURE OF MEDICAL ATTENDANT _____		SIGNATURE OF REGISTRAR _____	
SIGNATURE OF WITNESS _____		SIGNATURE OF WITNESS _____		SIGNATURE OF WITNESS _____	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-28063

1. NAME OF DECEASED
(Type or Print)

Baby Boy MAHECKI

TW#1

2. DATE
OF
DEATH

Jan. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

South Balt. Gen. Hosp.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Balt. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

242 LACERNE AVE. Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE, MARYLAND.

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

10 days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Dependent

8. DATE OF BIRTH

Dec. 28, 1950 4:50 AM

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balt. MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CASIMIR MAHECKI

14. MOTHER'S MAIDEN NAME

DORIS FRANKEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

764.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Intestinal Intoxication

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 28, 1950 to January 7, 1951, that I last saw the deceased alive on January 7, 1951, and that death occurred at 12:51 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel P. deLeon

23B. ADDRESS

South Balt. Gen. Hospital

23C. DATE SIGNED

Jan. 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/8/51

Holy Rosary

Balts. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 5 - 1951

Funerary Home

Chas F Hill 1501 E Fort Ave

VS 150

19510000193

119a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0195
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

L. Levine Hartge

2. DATE
OF
DEATH

January 8 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

626 Edgewood St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

A. An

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Shadeside

D. STREET ADDRESS (If rural, give location)

5200

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 28 - 1861

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Farmer

11. BIRTHPLACE (State or foreign country)

Shadeside

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Grace Emily Hartge

14. MOTHER'S MAIDEN NAME

Margaret McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Alan M Hartge

ADDRESS

Complete St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO
(B)
DUE TO
(C)

Arteriosclerotic C.V. Dis.

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus.

Known for
1 month

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE AT
WORK ☐ WORK ☐

22. I hereby certify that I attended the deceased from Jan 5, 1951, to Jan 8, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leslie A. Hall

M. O.

2950 Edmondson Ave

Jan 8 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

William J. Williams

W. L. Hopping & Son

Complete St

VS 150

19510000194

61

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0196

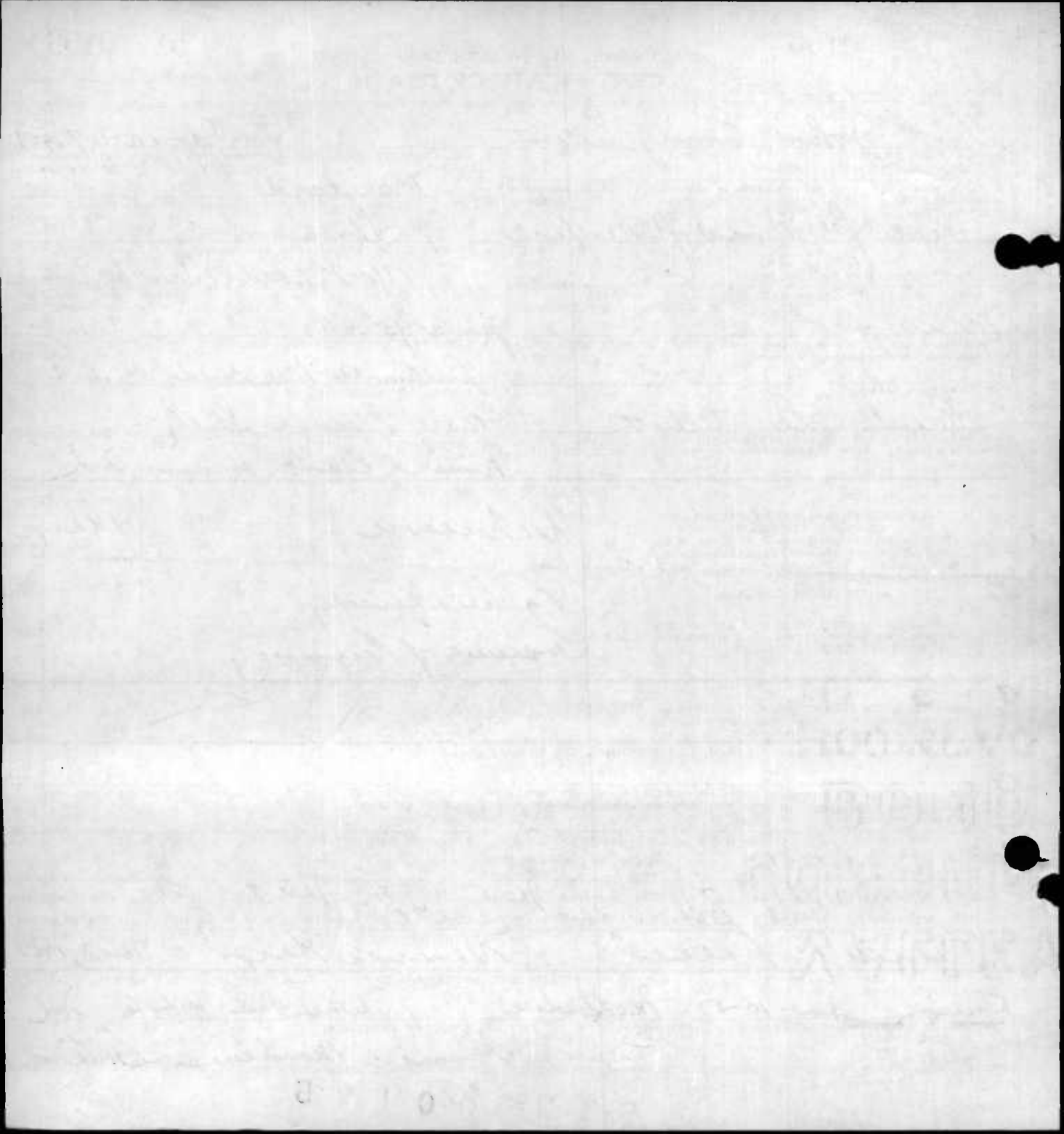
Registered No. _____

BIRTH NO. 51-00235

1. NAME OF DECEASED (Type or Print) <i>John Emory Elliott</i>			2. DATE OF DEATH <i>January 8, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Hospital for Women of Maryland</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Timonium 5300</i>		
C. Length of stay in Baltimore Yrs. <input checked="" type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days <input checked="" type="checkbox"/>			D. STREET ADDRESS (If rural, give location) <i>7 York Road @ Crowsfoot Avenue</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>January 5, 1951</i>	9. AGE (in years last birthday) <i>3</i>	10. Under 1 Year Months: <i>12</i> Days: <i>-</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <i>Baltimore-Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Russell Lee Elliott</i>			14. MOTHER'S MAIDEN NAME <i>Mary Eleanor Stiltz</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Russell L. Elliott, Timonium, Md</i>		

18. <i>776 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Unknown</i>	CAUSE OF DEATH <i>Unknown</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Perinatal toxicity</i>	DUE TO <i>Toxemia of Pregnancy</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 5</i> , 1951, to <i>Jan. 8</i> , 1951, that I last saw the deceased alive on <i>Jan. 8</i> , 1951, and that death occurred at <i>2:00 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert R. Kaeck</i>		23B. ADDRESS <i>Maryland</i>		23C. DATE SIGNED <i>Jan. 8, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 10-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>McKendree</i>	
24D. LOCATION (City, town, or county) (State) <i>White Hall, Harford Co. Md</i>		25. FUNERAL DIRECTOR <i>Howard S. Markline, White Hall, Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 9-1951</i>		REGISTRAR'S SIGNATURE <i>William J. Williams</i>		ADDRESS	



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0197
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Baer

2. DATE
OF
DEATH

1/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-05

D. STREET ADDRESS (If rural, give location)

2317 Anoka Ave

c. Length of stay in Baltimore

60 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 15, 1864

9. AGE (In years last birthday)

86

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dealer Milk Products

10B. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moses Baer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs Dora Schier

ADDRESS

2317 Anoka Ave

18. 602X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilat. Hydronephrosis

DUE TO

(C) vesical calculi etc.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

AcVD

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1951, to 1/8, 1951, that I last saw the deceased alive on 1/8, 1951, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene Heller

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

1/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan, 10, 1961

24C. NAME OF CEMETERY OR CREMATORY

Sharrei Tfiloh Cemetery

24D. LOCATION (City, town, or county) (State)

Windsor Mill Road

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Sol. Levine + Bur. 1124-26 W North Ave.

ADDRESS

VS 150

51 0000196

937

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

TO THE SECRETARY OF AGRICULTURE
WASHINGTON, D. C.

FROM THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0198

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ezekiel Terren

2. DATE
OF
DEATH

1/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4613 ParkHeights Ave

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3401 W. Rogers Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 2, 1884

9. AGE (In years

last birthday)

66

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contractor & Builder

10B. KIND OF BUSINESS OR
INDUSTRY

Same

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Elliot Terren

14. MOTHER'S MAIDEN NAME

Miriam

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Berman-3810 Cederdale Road

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug 5, 1948, to Jan 8, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Schwartz

M. D.

23B. ADDRESS

2320 Eutaw Place

23C. DATE SIGNED

1/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Shaarei Tfiloh Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros. 124-26 V. North

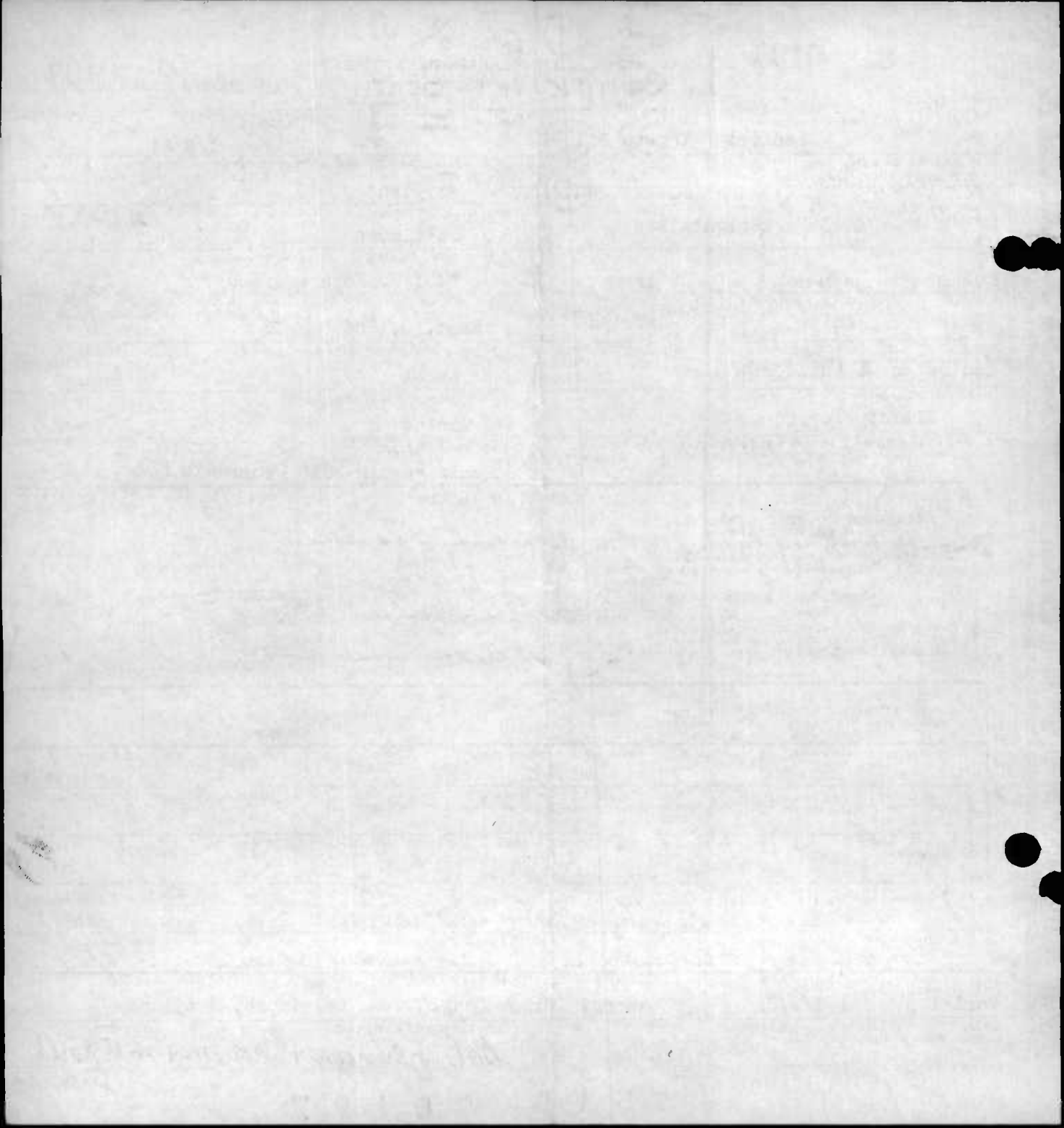
Avenue

JAN 9 - 1951

VS 150

1952962400197

83B



51 0199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0199

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Michael Joseph Donahue

2. DATE
OF
DEATH

Jan. 6 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Dec 15, 1950, to Jan 5, 1951, that I last saw the
deceased alive on Jan 5, 1951, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

JAN 9 - 1951
L. J. Luck 5305 Harford Rd
937

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

11-2-4
100-100

100-100

100-100
100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

Dr. John Green
28 Alleghany Ave.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0200
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hatter Clark Townsend

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

2803 Garrison Blvd

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto 15-38

D. STREET ADDRESS (If rural, give location)

3427 Piedmont Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

William White

14. MOTHER'S MAIDEN NAME

Sarah Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H. Townsend 3427 Piedmont Ave

18.

4rr. 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 12-18, 1950, to 1-6-1951, that I last saw the
deceased alive on 1-6-1951, and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE

Monica Khrif

M. D.

23B. ADDRESS

64 S. Fulton Ave

23C. DATE SIGNED

1-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/10/51

24C. NAME OF CEMETERY OR CREMATORY

Wicomico Memorial Park

24D. LOCATION (City, town, or county)

Salisbury

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

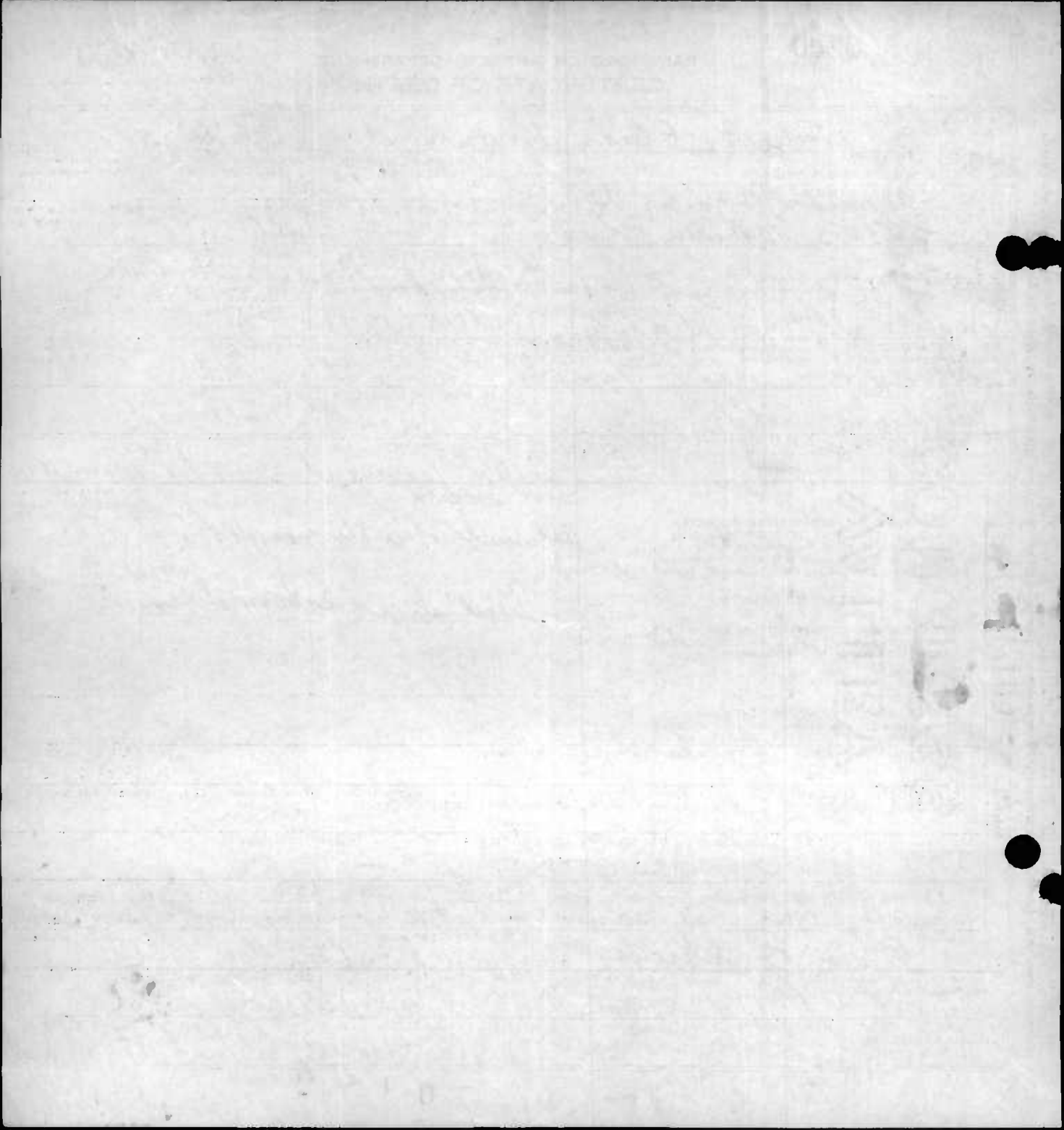
REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

W. M. Cook Inc. 1217 St. Paul St.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

40-420

51 0201

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

51 0201

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM L. GLAZE		2. DATE OF DEATH January 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 1211 Urban Way	
c. Length of stay in Baltimore		Yrs. Mos. Days		E. DATE OF BIRTH Mar 2nd 1891	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engineer		10B. KIND OF BUSINESS OR INDUSTRY Seafaring		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Joseph Glaze		14. MOTHER'S MAIDEN NAME Kathryn McCully			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 173-03-066		17. INFORMANT Nelson Glaze	
18. 4221		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic cardiovascular disease			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED Jan. 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/9/51		24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge	
24D. LOCATION (City, town, or county) (State) Dorsey Md.		24E. FUNERAL DIRECTOR Wm. G. Jones		24F. ADDRESS 1517 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR Jan 9 - 1951		REGISTRAR'S SIGNATURE Wm. G. Jones		25. FUNERAL DIRECTOR ADDRESS	

V.S. 151

524555

931

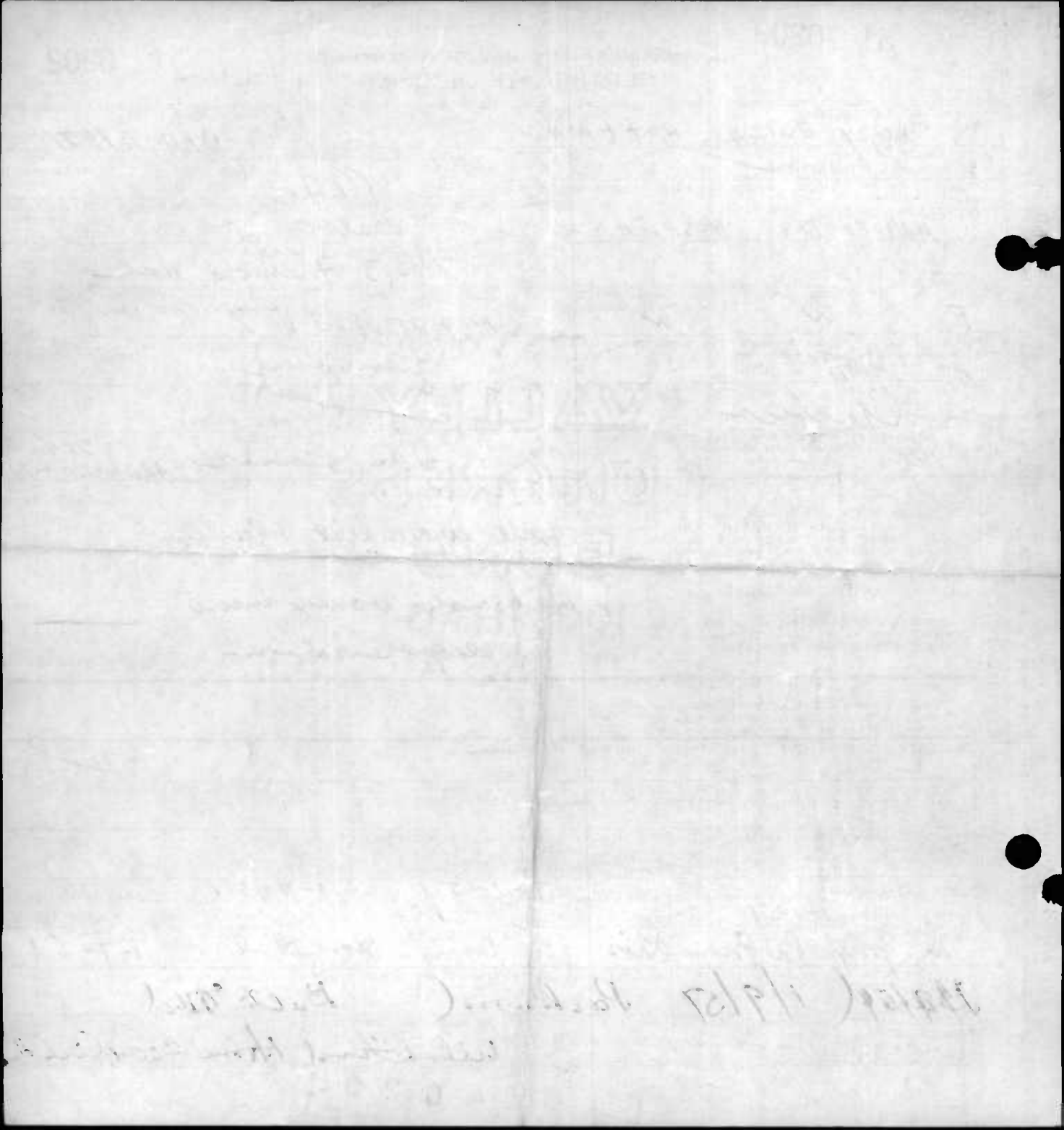
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0202

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY ELIZA. NOTTMAN		2. DATE OF DEATH JAN. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION UNIVERSITY HOSPITAL -		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 5300			
c. Length of stay in Baltimore Yrs. ✓ Mos. ✓ Days ✓		D. STREET ADDRESS (If rural, give location) 7903 7th Mount Ave			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH MAY 25, 1863	9. AGE (In years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Uebler		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Oda Renner ADDRESS 9811 ARDMORE - 14	
18. 4-20-11		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Acute Myocardial Infarction DUE TO			
ANTECEDENT CAUSES		(B) atherosclerotic coronary disease DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) recompensation -			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-51 , 19__, to 1-7-51 , 19__, that I last saw the deceased alive on 1-7-51 , 19__, and that death occurred at 1:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE M. Joseph B. Proctor		23B. ADDRESS Univ - Hospital		23C. DATE SIGNED 1-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1/9/51		24C. NAME OF CEMETERY OR CREMATORY Parkman	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR W. L. H. Home 2004 Cile			
DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1951		REGISTRAR'S SIGNATURE W. L. H. Home		ADDRESS	
VS 150 J. B. Bronchus 510000201 94a					



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-341

51 0203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0203

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ferdinand F. Rudolph

2. DATE
OF
DEATH Jan 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3437 Woodstock Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3437 Woodstock Ave.

C. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 23, 1860

9. AGE (In years
last birthday)

90

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter retired

10B. KIND OF BUSINESS OR
INDUSTRY

Painting- house

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vitus Rudolph

14. MOTHER'S MAIDEN NAME

Anna Rosina

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Gertrude Rudolph 3437 Woodstock Ave.

1B. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 1949 to Jan 6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan 9, 1951

Lorraine

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

William Williams

Ullrich Funeral Home 2008 Orleans St. m

VS 150

51 0203

97

2053143

6030

0031

CONFIDENTIAL
AREA

5760

0-252

CERTIFICATE CORRECTED 1-17-51

51 0204

BALTIMORE CITY HEALTH DEPARTMENT

51 0204
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY Preston SCOGGINS

2. DATE
OF
DEATH

January 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

65 S. Albemarle St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb. 17, 1870

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

Disbarred

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Richard Scoggins

14. MOTHER'S MAIDEN NAME

Mary Jane Askey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Russell Crouse 313 S. Ellwood Ave

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Subdural hematoma

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Calvert & Baltimore Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 22, 1950 9 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

January 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

N- 854.0 4 5 1 0 0 0 2 0 0

170c

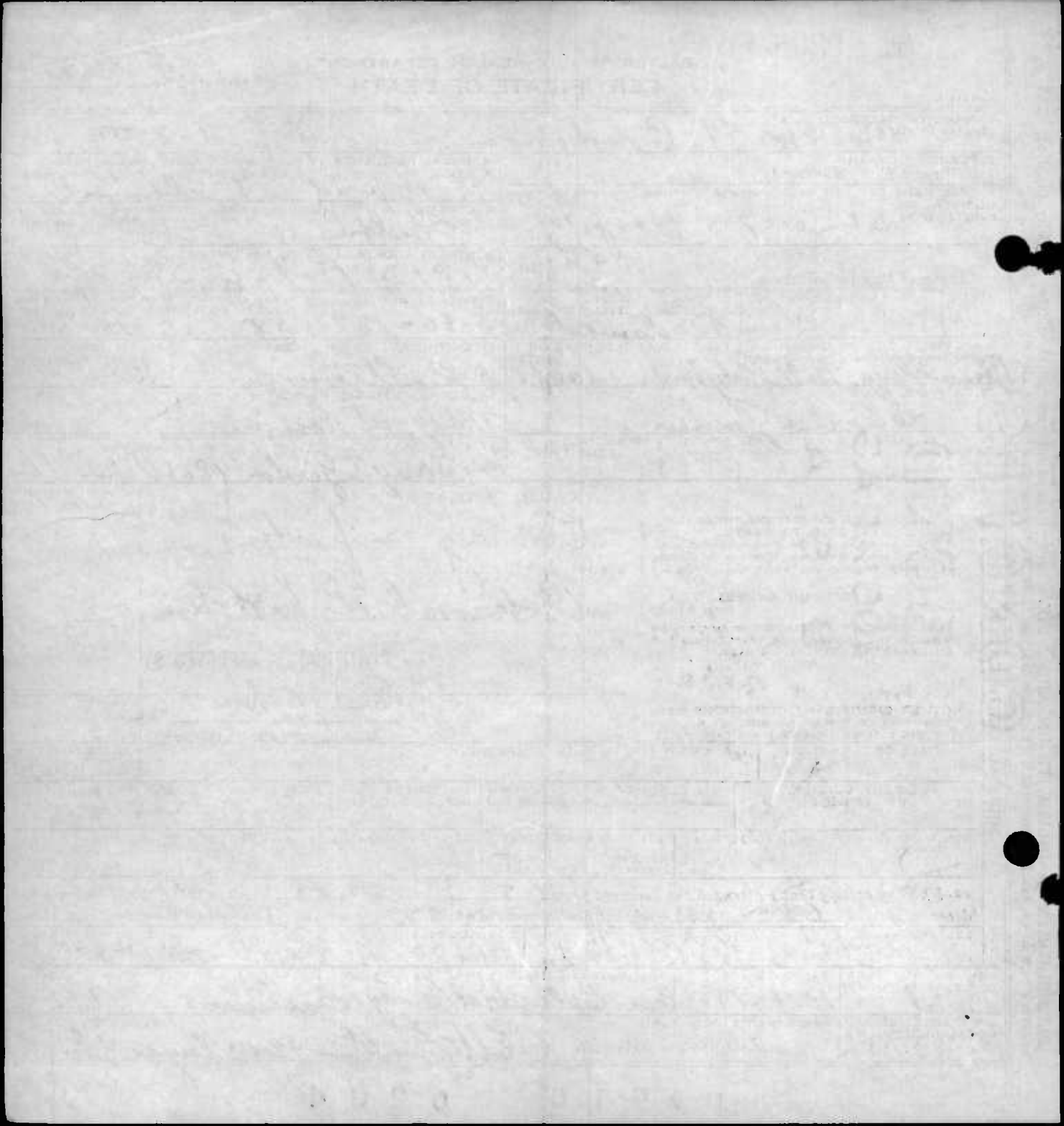
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

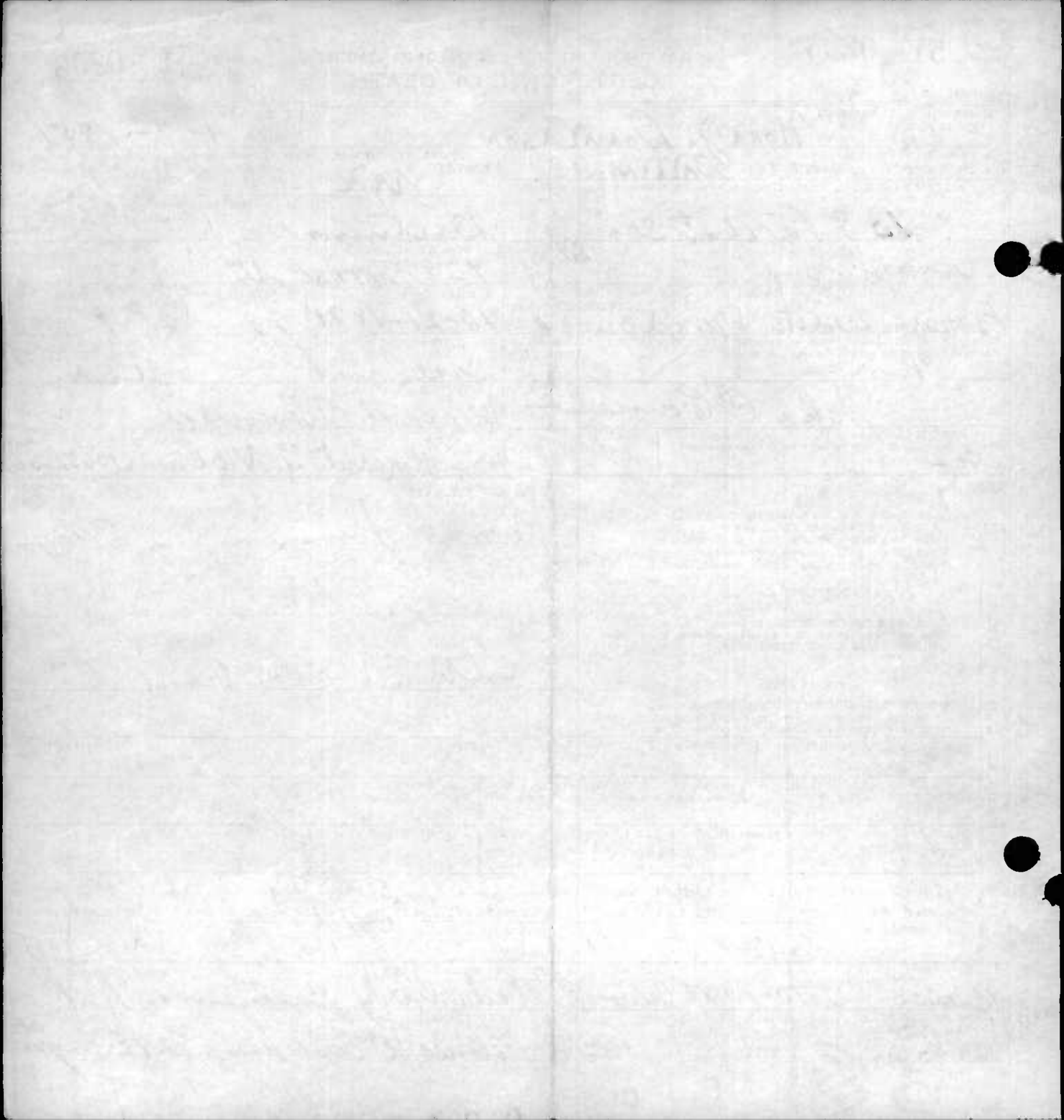
MEDICAL CERTIFICATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 51 0205				BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 51 0205			
1. NAME OF DECEASED (Type or Print) <i>Charles H. Gordon</i>				2. DATE OF DEATH <i>1-8-51</i>							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>							
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Josephs Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>							
C. Length of stay in Baltimore <i>58</i> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>1813 Aiken St.</i>							
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6-26-1892</i>	9. AGE (In years last birthday) <i>58</i>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.					
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Chauffeur, Balto. City Mechanical Co.</i>				11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>							
10B. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13. FATHER'S NAME <i>Charles Gordon</i>				14. MOTHER'S MAIDEN NAME <i>Margaret Rodgers</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.							
17. INFORMANT <i>Miss Mary J. Gordon</i>				ADDRESS <i>1813 Aiken St.</i>							
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH							
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) <i>Coronary infarction</i>							
II				(B) <i>Atherosclerotic heart disease</i>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CERTIFICATION APPROVED BY <i>Stanley K. Durbach M.D.</i>							
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>1-8-</i> <i>1951</i> , to <i>1-8-</i> <i>1951</i> , that I last saw the deceased alive on <i>1-8-</i> <i>1951</i> , and that death occurred at <i>3 1/2</i> m., from the causes and on the date stated above.											
23A. SIGNATURE <i>B. J. P. [Signature]</i>				23B. ADDRESS <i>1400 N. Caroline St.</i>		23C. DATE SIGNED <i>1-8-51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-11-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 9 - 1951</i>		REGISTRAR'S SIGNATURE <i>William [Signature]</i>		25. FUNERAL DIRECTOR <i>Edt. Conklin</i>		ADDRESS <i>924 E. Eager St.</i>					





PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0207

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gustavis "Gus" SINKLER

2. DATE
OF
DEATH

JAN 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland OSL. 7

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-07

D. STREET ADDRESS (If rural, give location)

1632 N. CAROLINE ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-27-97

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Moulder

10B. KIND OF BUSINESS OR
INDUSTRY

American Radiator Co.

11. BIRTHPLACE (State or foreign country)

Charleston, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Sinkler, S.C. (M)

14. MOTHER'S MAIDEN NAME

Eliza Wilson, S.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

154-03-7314

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute myocardial infarction

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 1-8-1951, to 1-8-1951, that I last saw the
deceased alive on 1-8-1951, and that death occurred at 1:53 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

S. A. Barondess

M. D.

THE JOHNS HOPKINS HOSPITAL

1/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

1/13/51

Smt. Hope

Raleigh, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

Registrar: Williams

Charles R. Law - 802 Madison Ave.

VS 150

Barondess 1951 68034 0206

94a

1871

1871

1871

1871

E-152

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0208

Registered No.

BIRTH NO.			2. DATE OF DEATH Jan. 5, 1951		
1. NAME OF DECEASED (Type or Print) Archie EVANS			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 238 Colvin Street			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore J-02 D. STREET ADDRESS (If rural, give location) 238 Colvin Street		
c. Length of stay in Baltimore 22 Yrs.			5. SEX male 6. COLOR OR RACE colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY In General		
13. FATHER'S NAME Archie Evans			14. MOTHER'S MAIDEN NAME Alice ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War # I			16. SOCIAL SECURITY NO.		
17. INFORMANT Nazzie Lyles			ADDRESS 406 N. Wolfe St		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an Inq. & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durlacher M.D.			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		
23C. DATE SIGNED Jan. 5, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE I/9/1951		
24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem.			24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1951			REGISTRAR'S SIGNATURE Choy N. Nelson		
25. FUNERAL DIRECTOR Choy N. Nelson			ADDRESS 1000 Buntley Ave		

N-450

51 0209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0209

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KATHERINE E. WHELAN

2. DATE
OF
DEATH

1-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE Md B. COUNTY 19-03 before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1422 W. Pratt StC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

1422 W. Pratt St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

4-14-1878

9. AGE (in years

last birthday) 42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)
HOUSE KEEPER

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

JAMES WHELAN

14. MOTHER'S MAIDEN NAME

MARY FEELY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

MARGARET WHELAN

ADDRESS 1422 W. Pratt St

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute cardiac decompensation

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiac vascular disease years.

(C) Obesity

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947, 19, to Nov. 15, 1950, that I last saw the deceased alive on Nov. 15, 1950, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Thomas (M.D.)

23B. ADDRESS

910 W. Lombard St

23C. DATE SIGNED

Jan. 8/1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-10-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral City

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 9 - 1951

REGISTRAR'S SIGNATURE

Eugene J. Williams, M.D.

25. FUNERAL DIRECTOR

J. H. G. S. M. Walters

VS 150

780840000200

937

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY

CONGREGATION

CHURCH

MEMBERS

1880

1880

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0210

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Cleveland

EVERETT / DAVIDSON

2. DATE
OF
DEATH

JAN 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEPARATED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED.

13. FATHER'S NAME

Winfield Davidson

CONJ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

MD

B. COUNTY

DORCHESTER

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CAMBRIDGE

D. STREET ADDRESS (If rural, give location)

SPRINGFIELD AVE

5913

8. DATE OF BIRTH

Feb. 28, 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Lewis

17. INFORMANT

ADDRESS

Mr. Kenneth R. Thomas, Cambridge, Md.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) INTRACEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1951, to 1-8, 1951, that I last saw the
deceased alive on 1-8, 1951, and that death occurred at 6:25 PM, from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/11/51

24C. NAME OF CEMETERY OR CREMATORY

Dorchester Mem. Pk.

24D. LOCATION (City, town, or county)

Cambridge, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 9 - 1951

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Mr. Kenneth R. Thomas - Cambridge

ADDRESS

Md. H.

YALE

LIBRARY

22

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0211
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELVIN MARY POLLARD

2. DATE
OF
DEATH

Jan. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

9-08

D. STREET ADDRESS (If rural, give location)

2133 Homewood Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 27, 1891

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
saleslady

10B. KIND OF BUSINESS OR INDUSTRY
shoes

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Cupps

14. MOTHER'S MAIDEN NAME

Ida Jobe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Charles M. Pollard 4225 Reisterstown Rd.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive Cordw VASC Disease

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cornary Sclerosis

1 1/2 years

(C) DUE TO

Cornary Thromboses

1 hour

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to 1/8/51, 1951, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at P.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred A. Weinstock

M. D.

23B. ADDRESS

4603 PK Hts ave

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/11/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

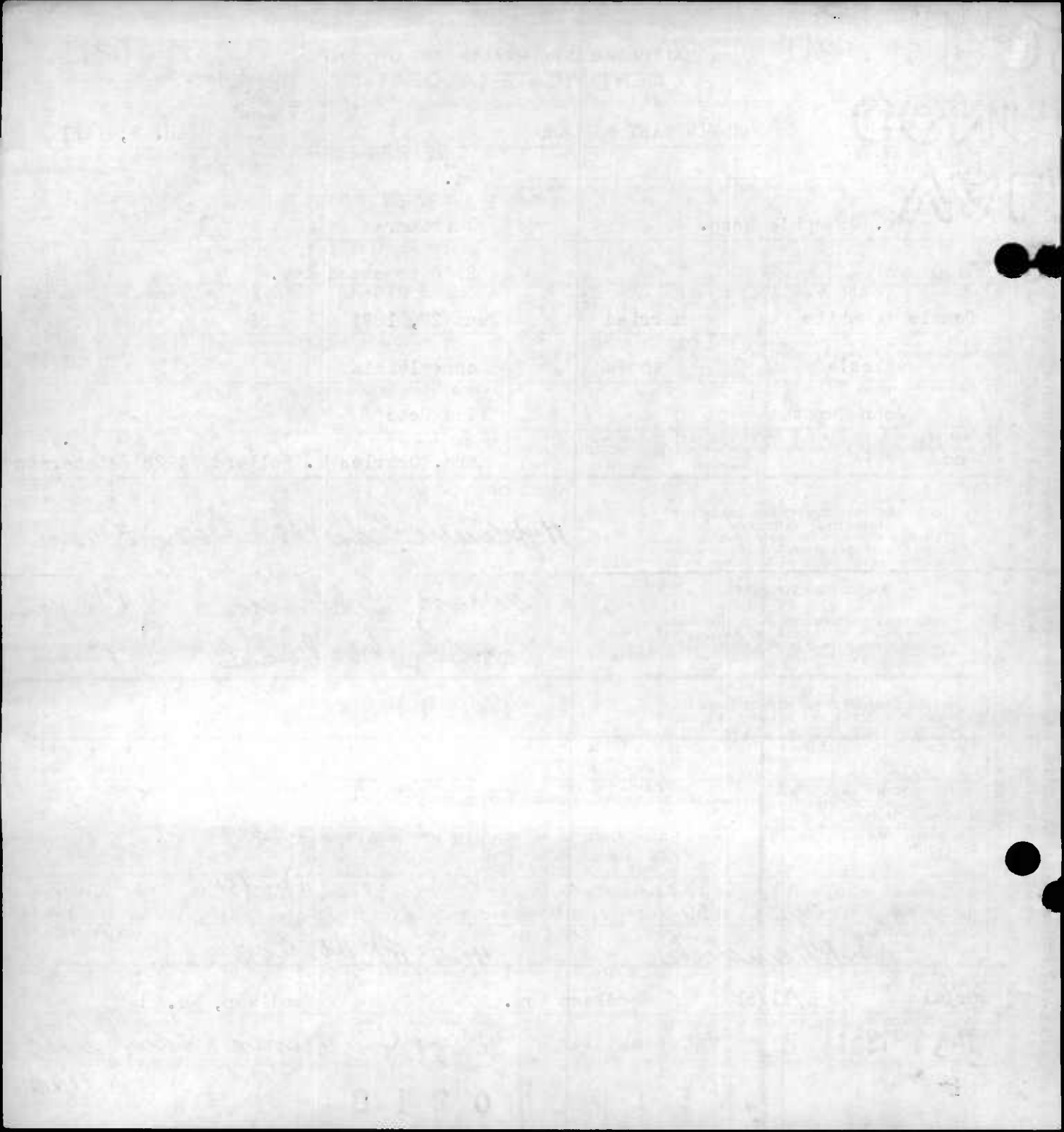
JAN 9 - 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiekner & Sons - Balt

ADDRESS



51 0212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSALYN M. POWERS

2. DATE
OF
DEATH

1-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

2807 Keyworth Ave.,

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Feb. 8, 1907

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stenographer

10B. KIND OF BUSINESS OR
INDUSTRY

Wholesale Drug,

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas B. Hopkins,

14. MOTHER'S MAIDEN NAME

Margaret A. Hardy,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or no) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
214-01-8724

17. INFORMANT

ADDRESS

Thomas B. Hopkins, 2807 Keyworth Ave.,

18. 197X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

BRAIN TUMOR

? 2 yrs

DUE TO

Dural Endothelioma (Meningioma)
primary in posterior cranial

(B)

fossae

DUE TO

(over)

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-5-51

19B. MAJOR FINDINGS OF OPERATION

BRAIN TUMOR IN POSTERIOR FOSSA

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-51, to 1-7-51, that I last saw the
deceased alive on 1-7-51, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Brin Hildman M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

1-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Jan. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

B. Vernon Lemonier

4611 Park Heights Ave.

JAN 9 - 1951

VS 150

350 66000211

54 B

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

See Document File 51-0212
2/28/51 ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0213
Registered No.

BIRTH NO. <i>Jordan</i>		2. DATE OF DEATH <i>12-51</i>	
1. NAME OF DECEASED (Type or Print) <i>Anna Jordan</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>2207 Druid Hill Ave</i> B. COUNTY <i>Baltimore</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2207 Druid Hill Ave</i>		D. STREET ADDRESS (If rural, give location) <i>2207 Druid Hill Ave</i>	
c. Length of stay in Baltimore <i>29 yrs.</i>		8. DATE OF BIRTH <i>Feb. 6, 1886</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	9. AGE (In years, last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Not family</i>	11. BIRTHPLACE (State or foreign country) <i>Nash Co. N. C.</i>
13. FATHER'S NAME <i>James Powell</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME <i>Lusie Rossie</i>
18. <i>334X</i>		17. INFORMANT <i>Mrs. Gladys Harrison</i> ADDRESS <i>2207</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Cerebral Apoplexy</i> <i>Paralysis</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3/1</i> , 19 <i>51</i> , to <i>3/3</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/6</i> , 19 <i>51</i> , and that death occurred at <i>14</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>B. W. R. H.</i>		23B. ADDRESS <i>2134 P. St.</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 10, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Bald. Co. Md.</i>	
DATE RECEIVED BY REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>	
LOCAL REGISTRY <i>JAN 9 - 1951</i>		<i>1631 Druid Hill Ave</i>	

REPORT OF THE
COMMISSIONER OF DEATH

IN THE

STATE OF

NEW YORK

IN THE

CITY OF

NEW YORK

IN THE

CITY OF

NEW YORK

IN THE

CITY OF

NEW YORK

IN THE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0214

1. NAME OF DECEASED (Type or Print) ALICE ROBERTS			2. DATE OF DEATH Jan. 5, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
5. FULL NAME OF (If not in hospital or institution, give street address or location) 2516 Woodbrook Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 2516 Woodbrook Avenue		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 6/10/1888	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Hagerstown, Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Waters			14. MOTHER'S MAIDEN NAME Julia Smothers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Lawrence Roberts		ADDRESS 23 N. Druid Hill Ave.
18. 4 yr. 1 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inq. & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE Stanley B. Dunach M.D.			23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED Jan. 5, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Balds Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR 1631 Druid Hill Ave.	

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

NAME OF DECEASED		DATE OF BIRTH		DATE OF DEATH	
SEX		RACE		OCCUPATION	
EDUCATION		MARRIAGE		PLACE OF BIRTH	
PREVAILING DISEASE		CAUSE OF DEATH		PLACE OF DEATH	
DATE OF EXAMINATION		SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	

CAUSE OF DEATH

<p>1. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>2. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>3. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p>		<p>4. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>5. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>6. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p>	
<p>7. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>8. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>9. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p>		<p>10. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>11. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p> <p>12. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as stated on the certificate of death.</p>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-100
51 0215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0215

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ZACKARIAH WEBB

2. DATE
OF
DEATH

1-5-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

304 HARGROVE ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 2. - 4 - 01

D. STREET ADDRESS (If rural, give location)

304 HARGROVE ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 3, 1883

9. AGE (In years,

last birthday)

67

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. LABORER

10B. KIND OF BUSINESS OR INDUSTRY

GENERAL

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William T. Webb

14. MOTHER'S MAIDEN NAME

LIZA CORNISH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

SAMEL WEBB - 1419 JEFFERSON ST.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Bronchitis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

WORK ☐

AT WORK ☐

22. I hereby certify that I attended the deceased from 12/24, 1950, to 1/5, 1951, that I last saw the deceased alive on 1/5, 1951, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. A. Jackson

M. D.

23B. ADDRESS

822 N. Bond St

23C. DATE SIGNED

1/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1/10/50

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A. A. Co. MARYLAND

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 9 - 1951

REGISTRAR'S SIGNATURE

William A. Jackson

25. FUNERAL DIRECTOR

William A. Jackson - 916 PENNA. AVE.

ADDRESS

VS 150

5 970890 0214

107

VALLEY
CONGRES
EOND
MXPAC

51 0216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0216

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilhelmina Hammond

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

919 N. Parrish St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-02

D. STREET ADDRESS (If rural, give location)

919 N. Parrish

C. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

3/25/1882

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

John B. Green

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Husband

ADDRESS

Wm. E. Hammond

919 N. Parrish

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIO-SCLEROTIC HEART
DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

1/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/11/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Geo. H. Kelson

ADDRESS

932

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

(continued)

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-200
51 0217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0217
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Diggs

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

461 Roundview Road

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 7, 1895

9. AGE (in years
last birthday)

55

If Under 1 Year

Months

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

FERTILIZER (M)

13. FATHER'S NAME

Joseph Diggs

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Diggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

ops World War I

16. SOCIAL SECURITY NO.

214-01-5056

17. INFORMANT

Address
Dorothy Diggs 461 Roundview Rd.

18. 4200

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC Heart
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER...
ASSISTANT MEDICAL EXAMINER...
M.D. MEDICAL INVESTIGATOR...

23C. DATE SIGNED

1/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

Jan. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town or county)

Baltimore, Md.

REGISTRAR'S SIGNATURE

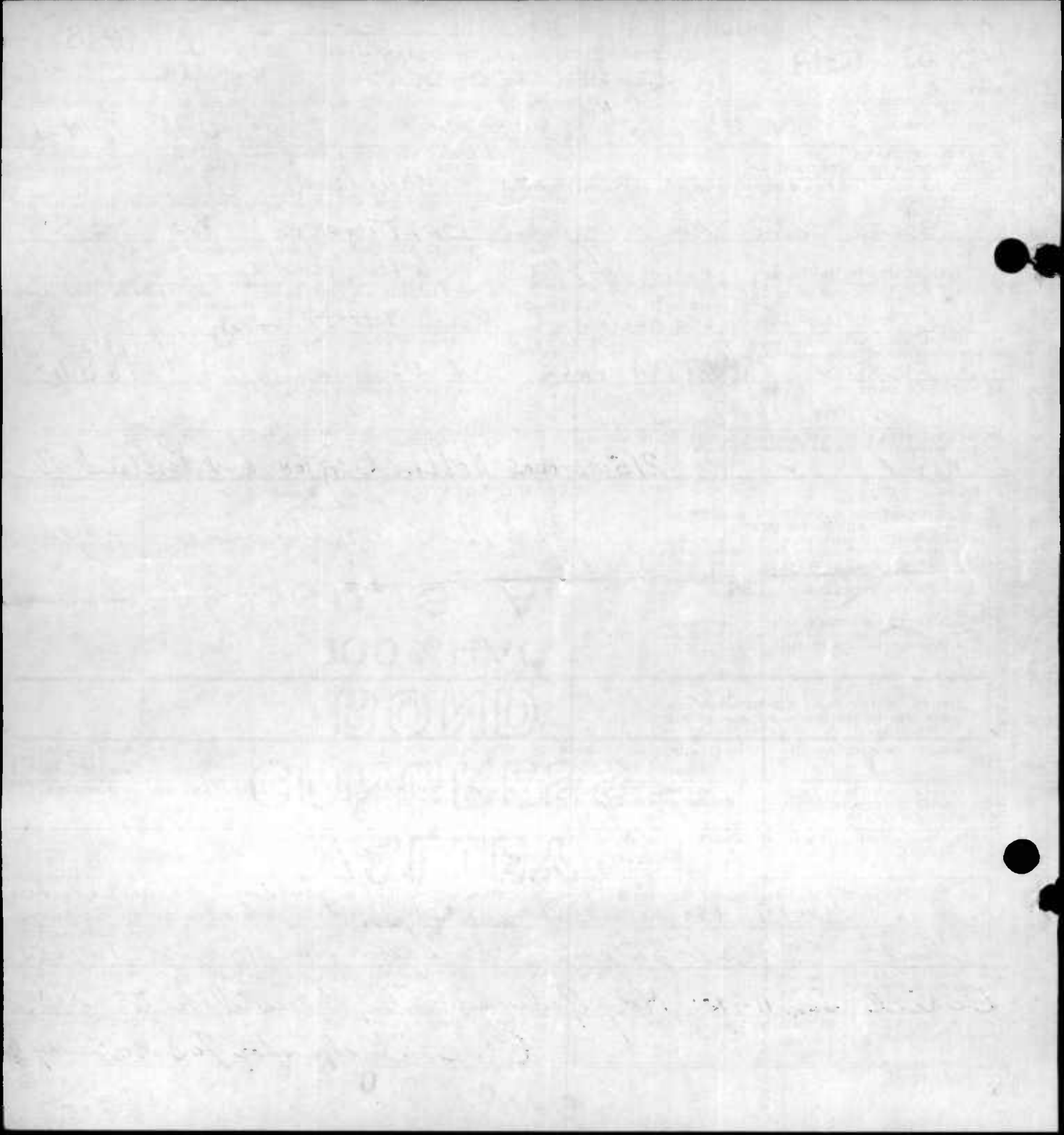
JAN 9 - 1951

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Ruck, 1200 McCallum St.

127



51 0219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM J. CYRAN

2. DATE

OF DEATH January 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

122 S. Clinton Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 31-1916

9. AGE (In years

last birthday)

34

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

American Radiator

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Cyran

(M)

14. MOTHER'S MAIDEN NAME

Laura Liszecka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-0727756

17. INFORMANT

ADDRESS

Laura Cyran 122 S. Clinton St.

18.

289.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Jan. 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan. 11-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

VS 151

105 680 300 0218

124 B

MEDICAL CERTIFICATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-630

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0220

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Effie M. Short

2. DATE
OF
DEATH

1.6.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

HAMILTON Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt. 25-04

D. STREET ADDRESS (If rural, give location)
70 Bristol Ave.

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7.4.1814

9. AGE (In years last birthday)

76

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart Failure
DUE TO Hypertension & Cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1950 to Jan. 6, 1951 that I last saw the deceased alive on Dec 29, 1950 and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Berlin

M. D.

23B. ADDRESS

203 Outapers Ave

23C. DATE SIGNED

1/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

1.9.51

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25 FUNERAL DIRECTOR

ADDRESS

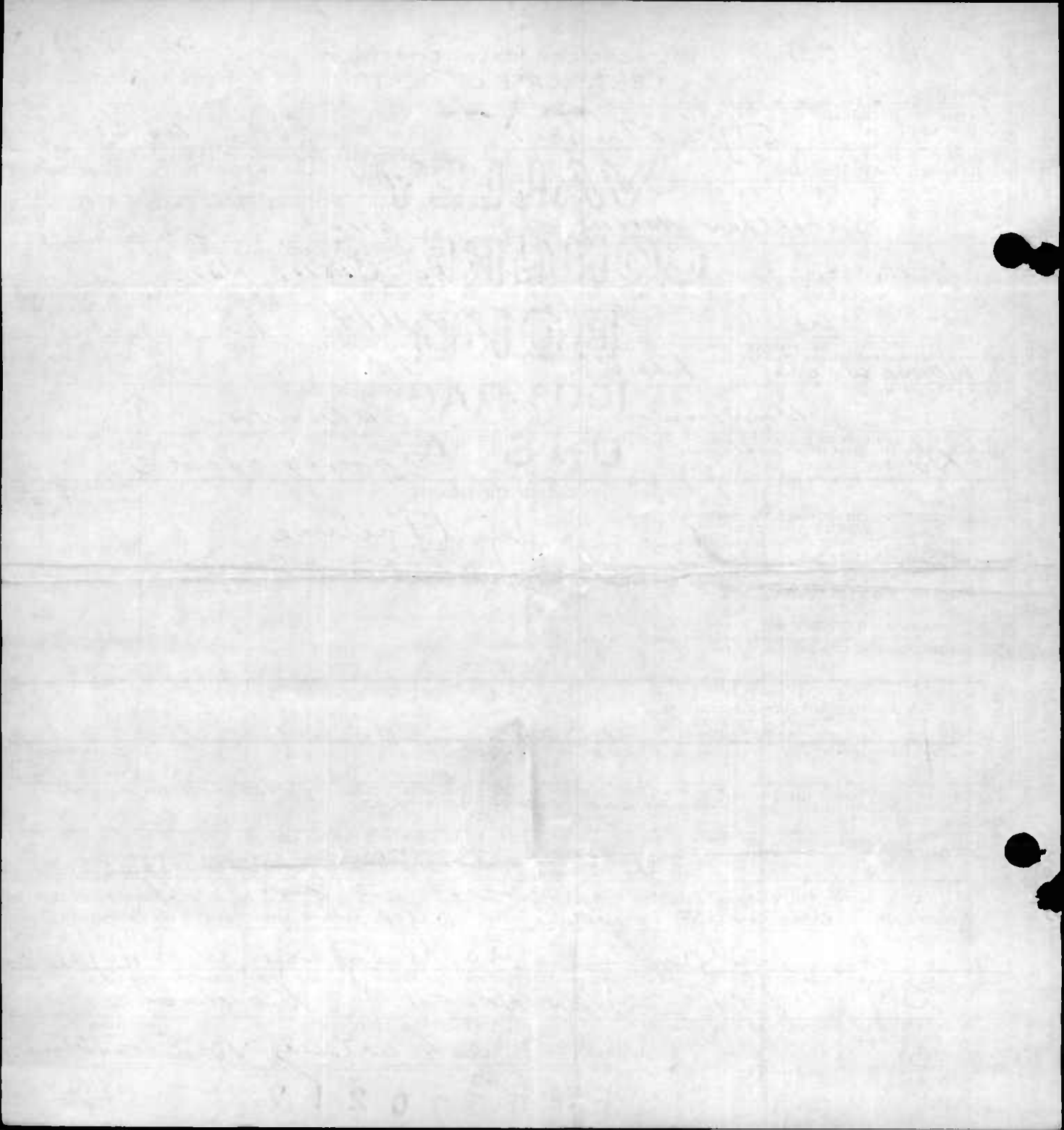
John L. Eury 130 E. Fairview

VS 150

19510000212

937

JAN 9-1951



PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. Physicians: please write the causes of death clearly and legibly.

M-3023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0221

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANES METZDORFF

2. DATE
OF
DEATH

JANUARY 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1213 LIGHT ST

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOUTH BALTO. GEN. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

23-03

D. STREET ADDRESS (If rural, give location)

177 CLARKSON ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12-7-1885

9. AGE (In years
last birthday)

65 66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BOOKER

10B. KIND OF BUSINESS OR
INDUSTRY

ACC-KOWERY

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES METZDORFF

GLAN (W)

14. MOTHER'S MAIDEN NAME

MARY CONWAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FAM. G. - SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Arterio-sclerosis

DUE TO

(C)

Generalized Arterio-sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

ml.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1950, to Jan. 7, 1951, that I last saw the
deceased alive on Jan. 7, 1951, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. C. D. QUIRINO

23B. ADDRESS

M. D. 1213 LIGHT ST S.B. 6. H.

23C. DATE SIGNED

1-7-51

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

B.

24B. DATE

1.10.51

24C. NAME OF CEMETERY OR CREMATORY

CECILIA HILL

24D. LOCATION (City, town, or county)

BALTO

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

John H. Carey

ADDRESS

U.S. 150

9 570 08

130 E. F. H. H. H.

94a

THE
FRONT
COVER

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-235
51 0222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0222

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALVIN Z. BOSTON

2. DATE
OF
DEATH

January 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2702 Wildberger Avenue 5300

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug-16, 1888

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gen. Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Home Improv.

11. BIRTHPLACE (State or foreign country)

Baets

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Francis Boston

14. MOTHER'S MAIDEN NAME

Anna Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-05-6829

17. INFORMANT

ADDRESS

Alvin Z Boston Jr 618 DALE AVE (6)

18. E902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Subdural hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fracture of right clavicle

(B) Fracture of 3rd, 4th, 5th, and 6th
right ribs

(C) Contusion of heart

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Norrisville, Md.

62-00

21D. TIME (Month) (Day) (Year) (Hour)
of INJURY

January 2, 1951

21E. INJURY OCCURRED
WHILE AT ☒ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from roof to ground

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Jan. 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/11/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Cemetery

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Medel J. Biehl, 6009 Highland Rd

JAN 9 - 1951

V S 151

N-819-25 120034

186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-630

51 0223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0223

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edmund Brady

2. DATE
OF
DEATH

Jan. 7, '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)

A. STATE Ind. B. COUNTY Baltimore 16-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1306 Edmondson Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Negro

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-2-02

9. AGE (in years last birthday)

48

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Williams

14. MOTHER'S MAIDEN NAME

Ann Marie Strange

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

THE JOHNS HOPKINS HOSPITAL

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) metastatic sarcoma of lungs

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Sarcoma of uterus (previous hysterectomy) Unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1950 to Jan. 7, 1951 that I last saw the deceased alive on Jan. 7, 1951 and that death occurred at 9-2 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Edmund Brady

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-11-51

24C. NAME OF CEMETERY OR CREMATORY

Western Star

24D. LOCATION (City, town, or county)

Patuxent, Balt. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 9 - 1951

REGISTRAR'S SIGNATURE

Edmund Brady

25. FUNERAL DIRECTOR

Mr. Francis A. Henney

ADDRESS

7 W. Biddle St.

VS 150

19510000222

48B

1871

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-650
51 0224

51 0224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ollie D. Green

2. DATE
OF
DEATH

Jan. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2216 McCulloh St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

13. FATHER'S NAME

Ollie D. Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Green 2216 McCulloh St.

18. 4422

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Chronic Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

History
Indefinite

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1950, to Jan. 5, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1534 Grand Hill Ave

Jan 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-10-51

24C. NAME OF CEMETERY OR CREMATORY

National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

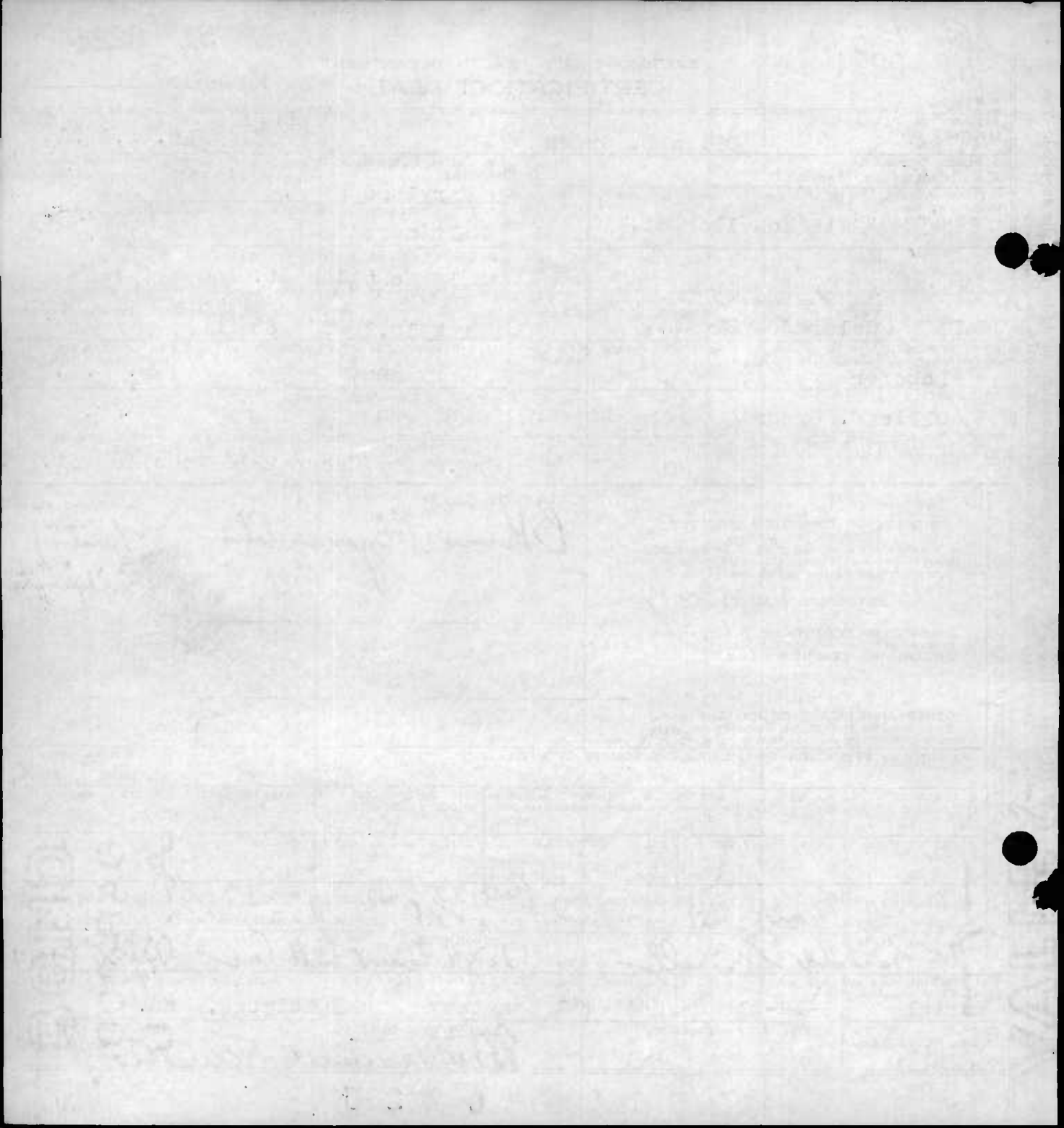
ADDRESS

Jan 9-1951

Wm. Williams, M.D.

Mr. James C. Henkel

573 W. Biddle St.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-426
51 0225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0225
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Amos WALKER		2. DATE OF DEATH January 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1221 Smithson St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-30-1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
13. FATHER'S NAME Isiah Walker		14. MOTHER'S MAIDEN NAME Florence Sands	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Annie Manner		ADDRESS 2656 4th St.	

18. E981X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Gunshot wound of chest and abdomen DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Rear of	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1203 Smithson St.
21D. TIME (Month) (Day) (Year) (Hour) January 6, 1951 12 A. M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED January 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-12-51	24C. NAME OF CEMETERY OR CREMATORY National Ben	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR 9-1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Mrs. Frances G. Hensley	ADDRESS 57 W. Biddle St.

V.S. 151

N-869.41 951 07099 0224

166

1035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Immediate cause</p>		<p>9. Underlying cause</p>	
<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Date of registration</p>		<p>14. Signature of informant</p>		<p>15. Address of informant</p>	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-5360226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0226

BIRTH NO. 131

1. NAME OF DECEASED
(Type or Print)

JAMES

ADRONOS (PAPPADAKOULOS)

2. DATE
OF
DEATH

January 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

900 Cathedral Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JUNE 26 1893

9. AGE (In years
last birthday)

57 56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

PRINTER

11. BIRTHPLACE (State or foreign country)

GREECE

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

YES

16. SOCIAL
SECURITY NO.

UNWE

17. INFORMANT

ADDRESS

GEORGE S AGNEW

97 MURDOCK RD

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/9/51

24C. NAME OF CEMETERY OR CREMATORY

BALTO NATIONAL CEM

24D. LOCATION (City, town, or county)

Baltimore MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

George S. Agnew Funeral Home

ADDRESS

JAN 9 1951

110 W. Mt Royal Ave 94a

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Usual residence</p>		<p>7. Date of death</p>		<p>8. Time of death</p>	
<p>9. Cause of death</p>		<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Signature of informant</p>		<p>14. Signature of witness</p>		<p>15. Signature of funeral director</p>		<p>16. Signature of undertaker</p>	
<p>17. Signature of coroner</p>		<p>18. Signature of jury</p>		<p>19. Signature of jury foreman</p>		<p>20. Signature of jury clerk</p>	
<p>21. Signature of jury clerk</p>		<p>22. Signature of jury clerk</p>		<p>23. Signature of jury clerk</p>		<p>24. Signature of jury clerk</p>	
<p>25. Signature of jury clerk</p>		<p>26. Signature of jury clerk</p>		<p>27. Signature of jury clerk</p>		<p>28. Signature of jury clerk</p>	
<p>29. Signature of jury clerk</p>		<p>30. Signature of jury clerk</p>		<p>31. Signature of jury clerk</p>		<p>32. Signature of jury clerk</p>	
<p>33. Signature of jury clerk</p>		<p>34. Signature of jury clerk</p>		<p>35. Signature of jury clerk</p>		<p>36. Signature of jury clerk</p>	
<p>37. Signature of jury clerk</p>		<p>38. Signature of jury clerk</p>		<p>39. Signature of jury clerk</p>		<p>40. Signature of jury clerk</p>	
<p>41. Signature of jury clerk</p>		<p>42. Signature of jury clerk</p>		<p>43. Signature of jury clerk</p>		<p>44. Signature of jury clerk</p>	
<p>45. Signature of jury clerk</p>		<p>46. Signature of jury clerk</p>		<p>47. Signature of jury clerk</p>		<p>48. Signature of jury clerk</p>	
<p>49. Signature of jury clerk</p>		<p>50. Signature of jury clerk</p>		<p>51. Signature of jury clerk</p>		<p>52. Signature of jury clerk</p>	
<p>53. Signature of jury clerk</p>		<p>54. Signature of jury clerk</p>		<p>55. Signature of jury clerk</p>		<p>56. Signature of jury clerk</p>	
<p>57. Signature of jury clerk</p>		<p>58. Signature of jury clerk</p>		<p>59. Signature of jury clerk</p>		<p>60. Signature of jury clerk</p>	
<p>61. Signature of jury clerk</p>		<p>62. Signature of jury clerk</p>		<p>63. Signature of jury clerk</p>		<p>64. Signature of jury clerk</p>	
<p>65. Signature of jury clerk</p>		<p>66. Signature of jury clerk</p>		<p>67. Signature of jury clerk</p>		<p>68. Signature of jury clerk</p>	
<p>69. Signature of jury clerk</p>		<p>70. Signature of jury clerk</p>		<p>71. Signature of jury clerk</p>		<p>72. Signature of jury clerk</p>	
<p>73. Signature of jury clerk</p>		<p>74. Signature of jury clerk</p>		<p>75. Signature of jury clerk</p>		<p>76. Signature of jury clerk</p>	
<p>77. Signature of jury clerk</p>		<p>78. Signature of jury clerk</p>		<p>79. Signature of jury clerk</p>		<p>80. Signature of jury clerk</p>	
<p>81. Signature of jury clerk</p>		<p>82. Signature of jury clerk</p>		<p>83. Signature of jury clerk</p>		<p>84. Signature of jury clerk</p>	
<p>85. Signature of jury clerk</p>		<p>86. Signature of jury clerk</p>		<p>87. Signature of jury clerk</p>		<p>88. Signature of jury clerk</p>	
<p>89. Signature of jury clerk</p>		<p>90. Signature of jury clerk</p>		<p>91. Signature of jury clerk</p>		<p>92. Signature of jury clerk</p>	
<p>93. Signature of jury clerk</p>		<p>94. Signature of jury clerk</p>		<p>95. Signature of jury clerk</p>		<p>96. Signature of jury clerk</p>	
<p>97. Signature of jury clerk</p>		<p>98. Signature of jury clerk</p>		<p>99. Signature of jury clerk</p>		<p>100. Signature of jury clerk</p>	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. K-500 51 0227				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 0227	
1. NAME OF DECEASED (Type or Print) Charles Keane				2. DATE OF DEATH 1-8-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md 22-18			
c. Length of stay in Baltimore 2 months				D. STREET ADDRESS (If rural, give location) 5104 Beaumont Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-24-59		9. AGE (In years last birthday) 91	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas Keane				14. MOTHER'S MAIDEN NAME Eleanor Trautman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS			
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) congestive heart failure - 2 mo DUE TO pleural effusion (B) arteriosclerotic cardiovascular DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumonia							
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-3 1951, to 1-8 1951, that I last saw the deceased alive on 1-6 1951, and that death occurred at 5:00 a. m., from the causes and on the date stated above.							
23A. SIGNATURE E. J. Broadus				23B. ADDRESS University Ave		23C. DATE SIGNED 1-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1-11-56		24C. NAME OF CEMETERY OR CREMATORY Oak Grove		24D. LOCATION (City, town, or county) (State) Golden Gate Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR Howard H. Hulse ADDRESS 2503 Edmondson Ave			

JAN 9 - 1951

19510000226

937

2213K

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-600

5410228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALTON CARR

2. DATE
OF
DEATH

JAN 8 - 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY OF MARYLAND HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

12-07

D. STREET ADDRESS (If rural, give location)

2220 N HOWARD ST.

5. SEX

BOY

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MARCH 1900

9. AGE (In years last birthday)

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY

USA.

13. FATHER'S NAME

ORION CARR.

14. MOTHER'S MAIDEN NAME

MIONA ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

mother

ADDRESS

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 1-

DUE TO

1 wk ±

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) diarrhea - ETIOLOGY ?

DUE TO

(C) INFECTION - ORGANISM NOT KNOWN

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 5, 1951, to JAN 8, 1951, that I last saw the deceased alive on JAN 8, 1951, and that death occurred at 10:15 AM., from the causes and on the date stated above.

23A. SIGNATURE

Deledea

23B. ADDRESS

U. S. Maryland Hospital

23C. DATE SIGNED

JAN 8 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

JAN - 9 - 1950

St. Auburn

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

Thurston Williams

1/2 Brooks

1463 N. Carey St.

19510000227

119a

VALLEY

COLLEGE

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0229
Registered No.

BIRTH NO. 51-0229
51 0229

1. NAME OF DECEASED (Type or Print) JAMES BARNHART			2. DATE OF DEATH January 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 305 Ballou Court			E. Yrs. Mos. Days		
c. Length of stay in Baltimore			F. Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Mar 23rd 1950	9. AGE (In years last birthday) 9	10. Under 1 Year Months: Days 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) md		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank. Barnhart			14. MOTHER'S MAIDEN NAME Florence B. Hoellinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Florence Hoellinger			18. ADDRESS 305 Ballou Court		
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith			23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		
23C. DATE SIGNED Jan. 8, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Jan 10th 1951		
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery			24D. LOCATION (City, town, or county) (State) Taylor Ave		
DATE RECEIVED BY REGISTRAR JAN 9 - 1951			REGISTRAR'S SIGNATURE Leo S. Leach		
25. FUNERAL DIRECTOR Leo S. Leach			ADDRESS 1703 N. Patt Park Ave		

JAN 9 - 1951
VS 151

189510200200

107

PLEASE WRITE CLEARLY, MAINLY, WITH UNFADING INK. Every item of information must be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-623
51 0230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0230

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillian Wright,

2. DATE OF DEATH January 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2005 W. Mulberry St

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

James E. Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Dec. 27, 1915

9. AGE (In years last birthday)

35

If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Bertha Scott

17. INFORMANT

Mr. George Wright, 2005 W. Mulberry

ADDRESS

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

Year

(C) Obesity

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1946 to Nov. 18, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Tomlinson M.D.

M. D.

23B. ADDRESS

910 W. Lombard St.

23C. DATE SIGNED

Jan 9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-11-1951

24C. NAME OF CEMETERY OR CREMATORY

Arboretum Memorial Arboretum

24D. LOCATION (City, town, or county) (State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schroeder St.

ADDRESS

JAN 9 - 1951

Jan 9/51 0000222

937

RECEIVED

1904

WILLIAM

CHAPMAN

BOND

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1-11-107 William Chapman

1-11-107 William Chapman

1-11-107 William Chapman

B-652
51 0231

51 0231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mabel Brinkley

2. DATE
OF
DEATH

January 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

306 N. Poppleton St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Isaac A. Abrams

14. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Jan. 6, 1908

9. AGE (In years
last birthday)

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Bessie

17. INFORMANT

ADDRESS

Leon Brinkley. 306 N. Poppleton St.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 9/6/50, 1950, to 1/4/51, 1951, that I last saw the
deceased alive on 1/4/51, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Gerner

23B. ADDRESS

753 Geyer St

23C. DATE SIGNED

1/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

Wm. Gerner

Mrs. Kate R. Williams

Schneider St

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0232

B-525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0232

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Benson.

2. DATE
OF
DEATH

January 7, 1951.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

1213 Wilmer Court.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

17-02

d. STREET ADDRESS (If rural, give location)

1213 Wilmer Court.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 4, 1876

9. AGE (in years,
last birthday)

74

10. Under 1 Year

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harford Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Britton

14. MOTHER'S MAIDEN NAME

Mabel Britton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mabel Britton, 1213 Wilmer Ct.

18. 174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Uterus 1 yr
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 12-30, 1950 to 1-7, 1951, that I last saw the
deceased alive on 1-6, 1951, and that death occurred at 3:15 pm., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

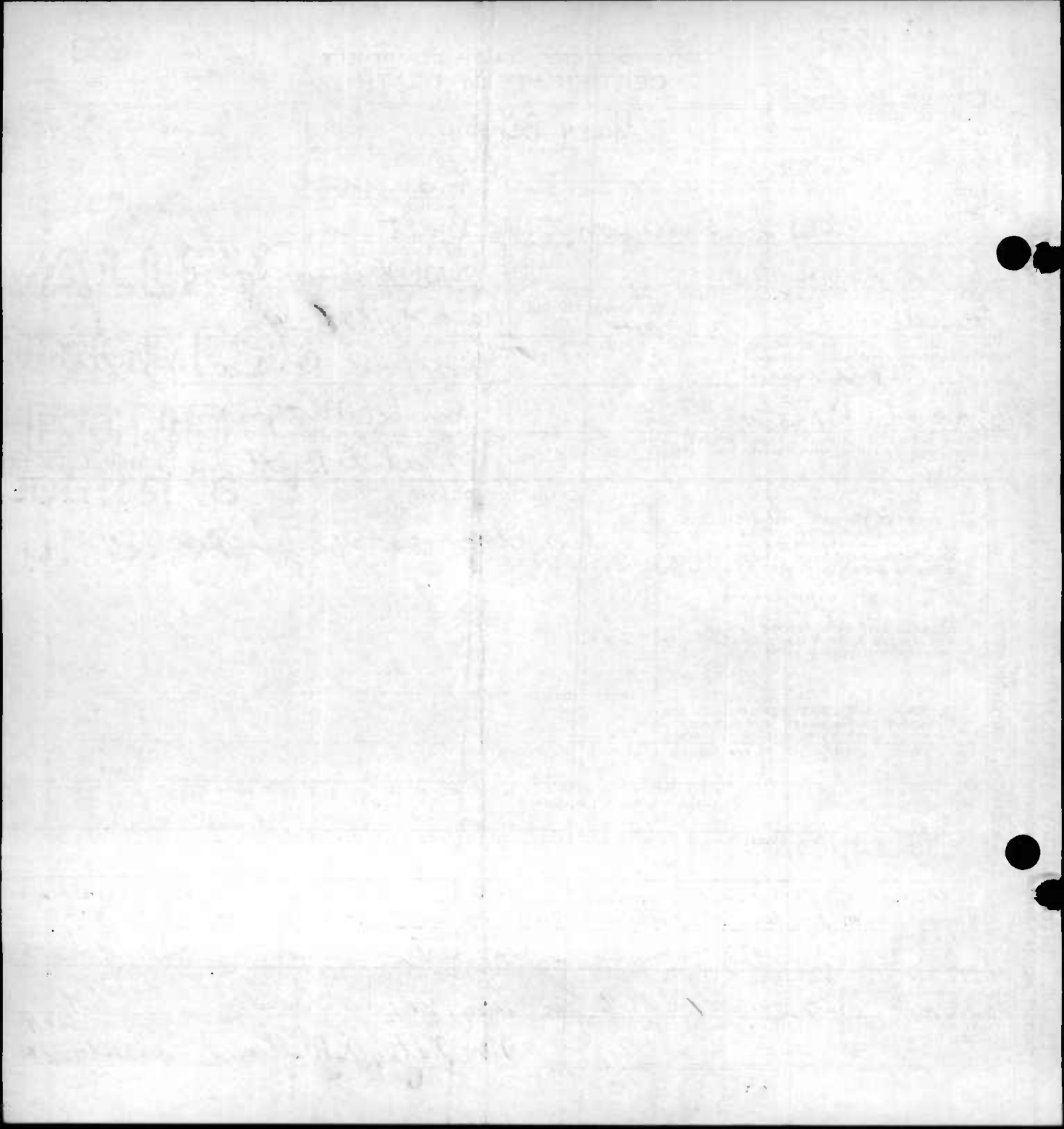
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

Mrs. Kate R. Williams, Schermer St



T-4 2-5
51 0233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0233

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carla J. Tilghman

2. DATE
OF
DEATH

January 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 18-01

D. STREET ADDRESS (If rural, give location)

934 W. Franklin St

B. FULL NAME OF HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 3, 1906

9. AGE (in years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norfolk Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. *260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

UREMIA

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

KIMMELSTIEL-WILSON'S DISEASE

?

(C)

DIABETES

10 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral strokes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-28, 1950* to *1-4, 1951*, that I last saw the deceased alive on *1-4, 1951*, and that death occurred at *5:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

William C. McKusick M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-10-1951

24C. NAME OF CEMETERY OR CREMATORY

W.T. Duker Cemetery Balto.

24D. LOCATION (City, town, or county) (State)

md.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Kate R. Williams *Schroeder St*

150-1951

William C. McKusick

0 2 3 2

61

8

James?

W. 200
W. 200

Housewife?

URBAN

1-10-1951 11/4 (Lubman) 10/11

0 7 0

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0234

Registered No. _____

BIRTH NO. *L-520*

1. NAME OF DECEASED
(Type or Print)

Philip Link

2. DATE
OF
DEATH

Jan. 8/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4422 Powell Ave

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE *Md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 26-01

D. STREET ADDRESS (If rural, give location)

4422 Powell Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 17-1894

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stock Clerk

10B. KIND OF BUSINESS OR INDUSTRY

May Cr.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Link

Dept. Store

14. MOTHER'S MAIDEN NAME

Elizabeth Jacobs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hein Link

ADDRESS

4422 Powell Ave.

18. *470.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion, acute

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerosis

II

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *July 21*, 19*47*, and that death occurred at *9 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Donald Jandary

23B. ADDRESS

6077 Harford Rd

23C. DATE SIGNED

1-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 11-51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 9-1951

REGISTRAR'S SIGNATURE

William H. Miller

25. FUNERAL DIRECTOR

John H. Miller

ADDRESS

2334 Jefferson St.

VS 150

10951032060233

94a

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DISTRICT OF COLUMBIA

1901

1901

1901

1901

1901

1901

1901

1901

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-400
51 0235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marsalena Bell

2. DATE
OF
DEATH

Jan. 7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1103 Mosher St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

David Bell - 546 Dolphin St.

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Cerebro-Vascular Accident* *48 hrs.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Hypertension*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *12/4*, 1950, to *1/7*, 1951, that I last saw the
deceased alive on *1/7*, 1951, and that death occurred at *10:05 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

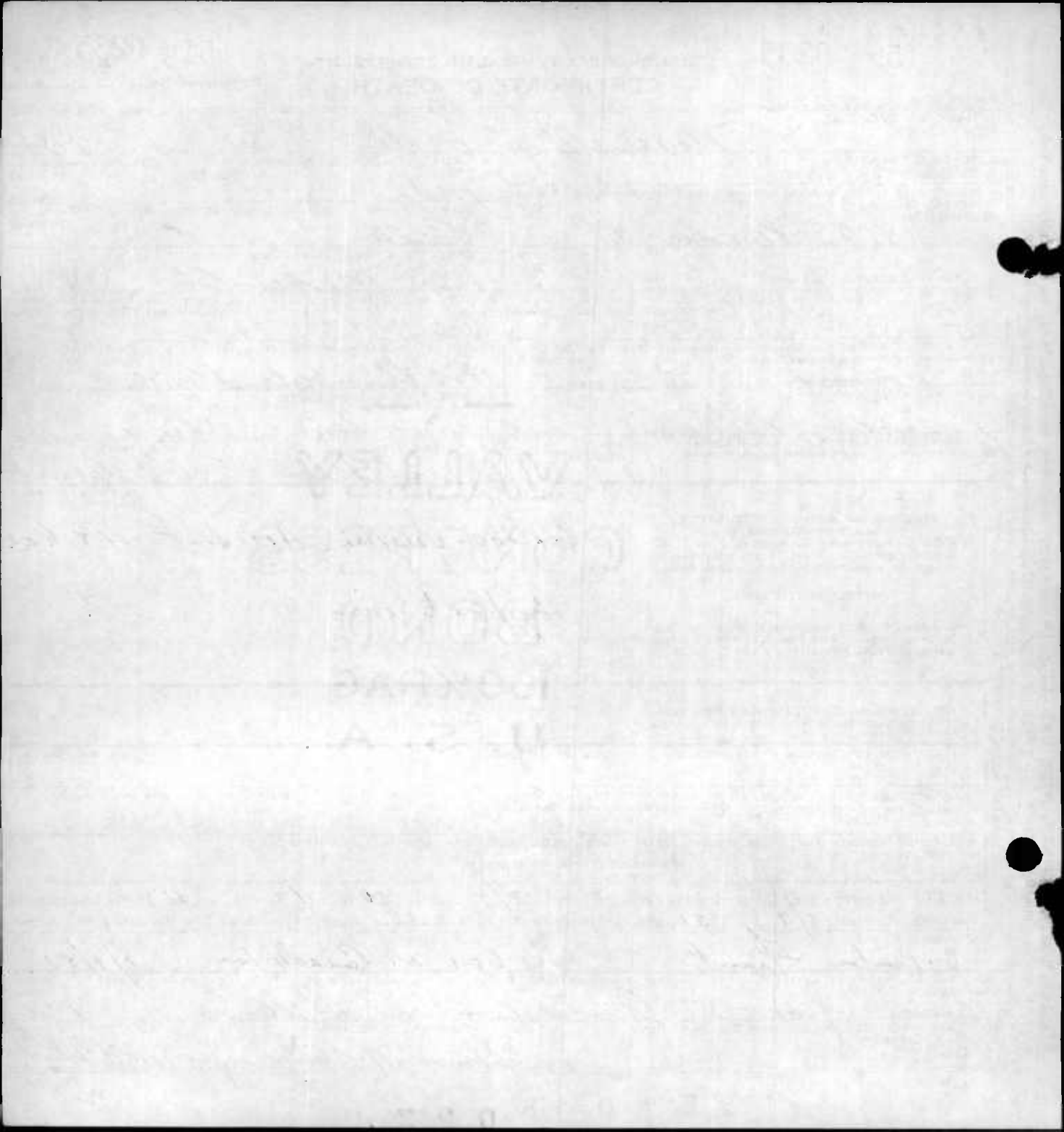
25. FUNERAL DIRECTOR

ADDRESS

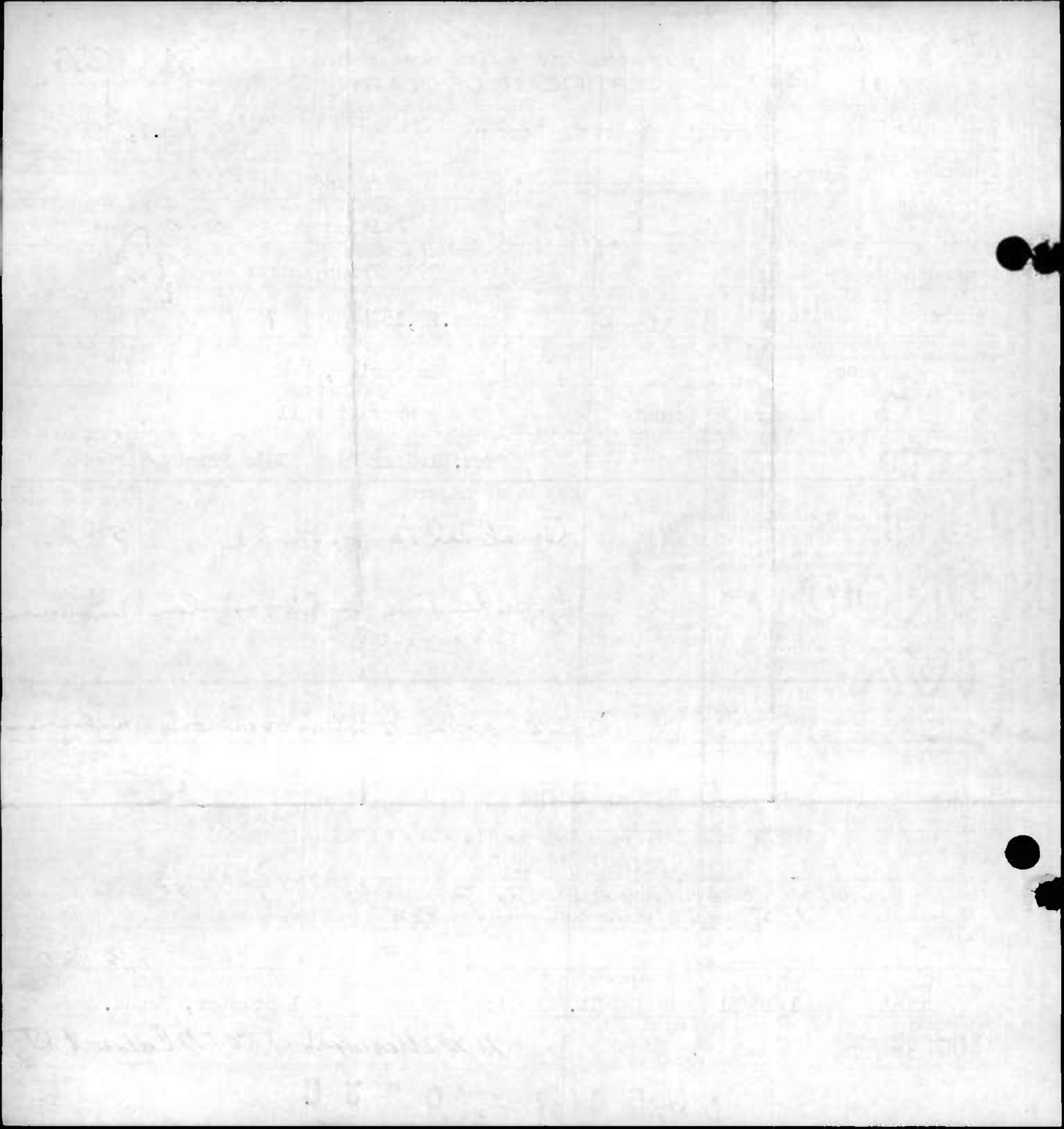
Jan 9-1951

Heather J. Williams

Samuel W. Sullivan, Jr. - 1011 N. Belting



937



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6-512 0237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0237
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALFRED C. COOMBS		2. DATE OF DEATH January 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Unknown		D. STREET ADDRESS (If rural, give location) 622 S. Eutaw St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Unknown - 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Frank Lumber	9. AGE (In years last birthday) 50
11. BIRTHPLACE (State or foreign country) Unknown - Jamaica		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. 217-09-8509	
17. INFORMANT James Ricker		ADDRESS 821 Warner St.	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	
(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 1-12-51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Blaney H. DeLoach M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
January 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
1-12-51

24C. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cem'ty

24D. LOCATION (City, town, or county) (State)
Belts.

DATE RECEIVED BY LOCAL REGISTRAR
Jan 9 - 1951

REGISTRAR'S SIGNATURE
W. B. Jagg

25. FUNERAL DIRECTOR
139 W. Hamling St.

ADDRESS

V8 151

1 9 5 1 0 7 0 7 4 0 2 3 6

9270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

NAME OF DECEASED

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

BRO. CASSIAN C.F.X. (CORNELIUS WEINAND)

DATE OF DEATH

1/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4403 Frederick Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mt. St. Joseph's High School

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

Mt. St. Joseph's High School

c. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Nov 9 1868

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teaching

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Records. Mt. St. Joseph's High School

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

18. 443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Jan 8, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/10/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

118 W. Mt. Royal Ave.

937

U.S.A.

DEPARTMENT OF STATE
WASHINGTON, D.C.

TO: THE SECRETARY OF STATE
FROM: THE AMERICAN LEGATION, PARIS

SUBJECT: [Illegible]

DATE: [Illegible]

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

U.S.A.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0239

BIRTH NO. 51 0239

1. NAME OF DECEASED
(Type or Print)

CALVIN HURT

2. DATE
OF
DEATH

JAN 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH.3W

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

615 ENSOR ST.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

4-8-48

9. AGE (In years
last birthday)

2

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

13. FATHER'S NAME

Howard Hurt

14. MOTHER'S MAIDEN NAME

Geneva Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMATION

THE JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Tuberculosis meningitis

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 12-31-1950, to 1-4-1951, that I last saw the
deceased alive on 1-4-1951, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William P. Prysby

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/4/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-9-51

St. Calvary Cem.

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1951

William P. Prysby

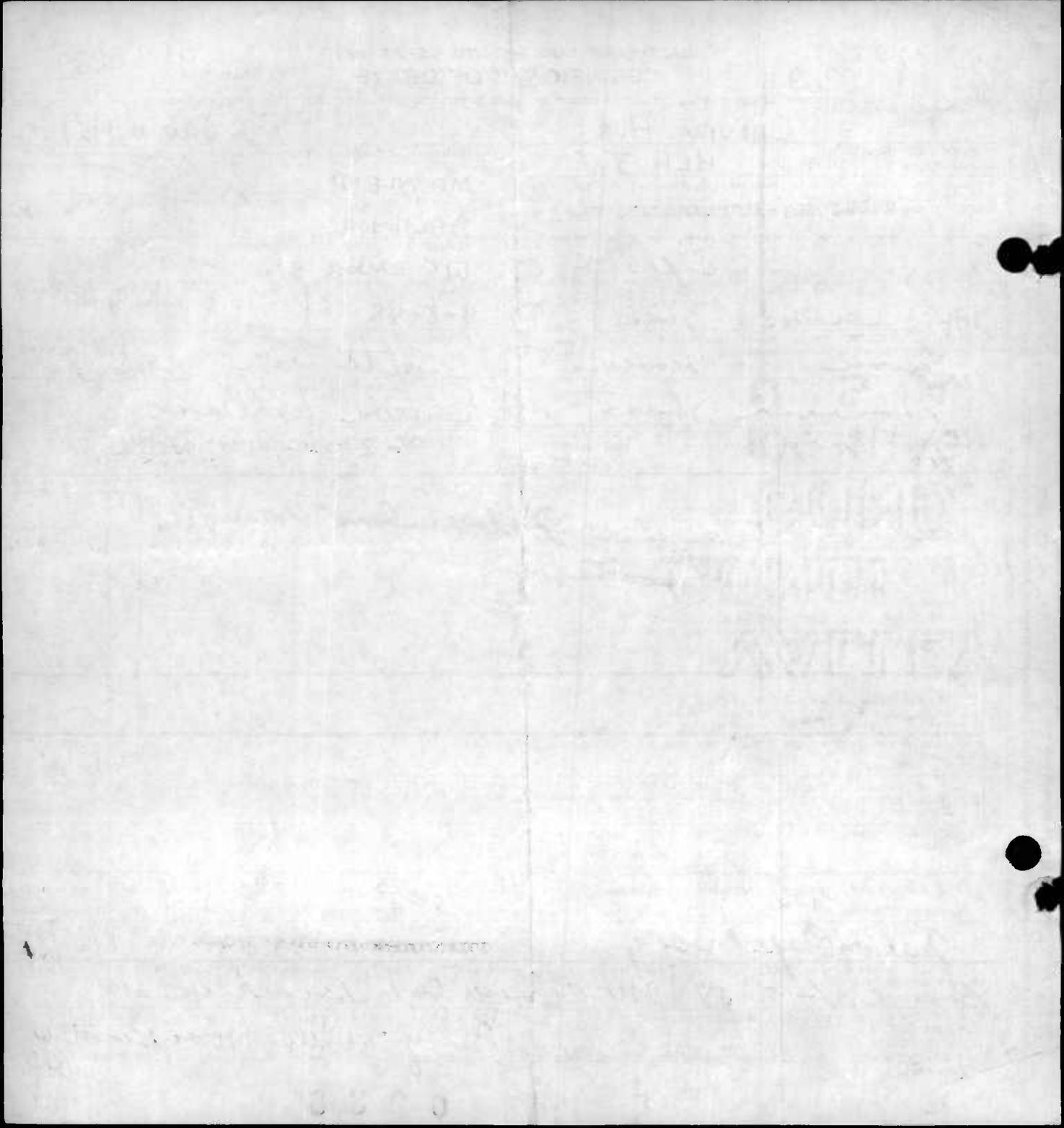
Elroy O. Wilson 1000 Beantley

VS 150

William P. Prysby

100000238

14



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0240**

BIRTH NO. **50-15027**

1. NAME OF DECEASED (Type or Print) NORMAN TROVINGER			2. DATE OF DEATH 1-8-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md B. COUNTY Balto		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04		
c. Length of stay in Baltimore 5 1/2 Yrs. 108 Mos. 15 Days			D. STREET ADDRESS (If rural, give location) 317 S. Bruce ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 7-23-50		9. AGE (In years last birthday) 5 Months 16 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Marlin Trovinger			14. MOTHER'S MAIDEN NAME EDITH STURM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) Congenital Heart Disease		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hydrocephalus (congenital)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-30 , 19 50 , to 1-8 , 19 51 , that I last saw the deceased alive on 1-8 , 19 51 , and that death occurred at 7:15 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Ruth Virginia Hupph		23B. ADDRESS University Hospital		23C. DATE SIGNED 1-8-51	
24A. BURIAL OR CREMATION. REMOVAL (Specify)		24B. DATE JAN 10 '51		24C. NAME OF CEMETERY OR CREMATORY LODOW PARK	
24D. LOCATION (City, town, or county) (State) BALTO. MD		25. FUNERAL DIRECTOR Sam H. Witzke		ADDRESS 414 EDWARDS AVE	
DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1951		REGISTRAR'S SIGNATURE William H. ...		VS 150	

19510000239

157a

0130: 12

CHURCH OF THE LIVING GOD
1000 N. 10th St. S.W.
Albuquerque, N.M. 87102

1000 N. 10th St. S.W.

Albuquerque, N.M. 87102

Phone (505) 243-1000

Telex 154000

Radio (505) 243-1000

Teletype (505) 243-1000

Facsimile (505) 243-1000

Internet (505) 243-1000

World Wide Web (505) 243-1000

Electronic Mail (505) 243-1000

Video (505) 243-1000

Audio (505) 243-1000

Still (505) 243-1000

Slide (505) 243-1000

Microfilm (505) 243-1000

Microfiche (505) 243-1000

Photocopy (505) 243-1000

Reproduction (505) 243-1000

Translation (505) 243-1000

Interpretation (505) 243-1000

Summary (505) 243-1000

Index (505) 243-1000

Abstract (505) 243-1000

Annotation (505) 243-1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis Howard Collison

2. DATE
OF
DEATH

Jan. 8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2624 Harlem Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 29, 1883

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Foster Bros.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Collison

BED SPRINGS (A)

14. MOTHER'S MAIDEN NAME

Helen----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213 03 1919

17. INFORMANT

Mrs. Francis H. Collison

ADDRESS

2624 Harlem Ave.

18.

156.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Liver

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1947, to 1-8, 1951, that I last saw the deceased alive on 1-8, 1951, and that death occurred at 2:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urlock, Jr.

M. D.

23B. ADDRESS

1227 Washington Blvd

23C. DATE SIGNED

1-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 11/51

24C. NAME OF CEMETERY OR CREMATORY

Western, Edmondson Ave. & Longwood Sts

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25 FUNERAL DIRECTOR

Harry H. Witzke

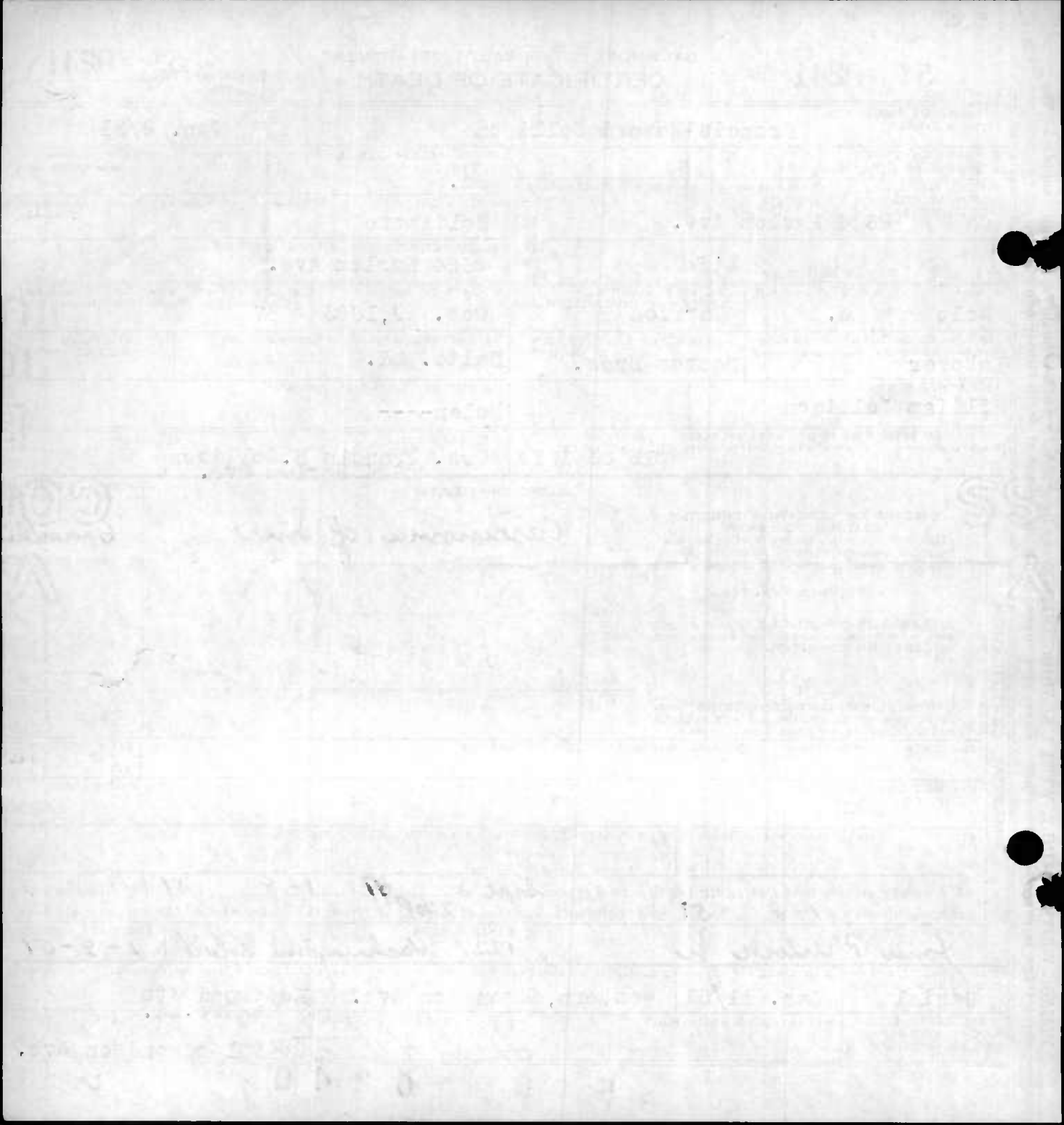
ADDRESS

4101 Edmondson Ave.

VS 150

1 9 57 16 33 00 0 2 4 0

46F



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0242**

BIRTH NO. **51 0242**

1. NAME OF DECEASED (Type or Print) Mary Dankmeyer		2. DATE OF DEATH Jan. 7/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or home, 22 S. Athol Ave.)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 31, 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME John Dankmeyer		14. MOTHER'S MAIDEN NAME Wilhelmine Meyers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT J. Geo. Walz, Sect'y, 22 S. Athol Ave.		ADDRESS	

MEDICAL CERTIFICATION

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Sclerosis DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Atherosclerosis		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct 14 , 1950, to 7 Jan , 1951, that I last saw the deceased alive on 7 Jan 1951 , and that death occurred at 2:00 pm. , from the causes and on the date stated above.		
23A. SIGNATURE William J. Benson	23B. ADDRESS M. D. 4605 Edmondson Ave	23C. DATE SIGNED 8 Jan 51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 10/51	24C. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery, Druid Hill Pk. Balto. Md.
24D. LOCATION (City, town, or county) (State) Balto. Md.	25. FUNERAL DIRECTOR Harry H. Witzke	ADDRESS 4101 Edmondson Ave.

VS 150 1951

1951000241

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UNITED STATES GOVERNMENT

100% PAYABLE

BOND

CONGREGATION

WATLEY

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0243

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Pasek

2. DATE
OF
DEATH

1-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION Church Home & Hospital location)

35 Broadway & Fairmont

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Dundalk 22

D. STREET ADDRESS (If rural, give location)

219 Colgate Ave 5200

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 14 1914 36 37

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Setelik, Josephine

17. INFORMANT

Hospital Recd

ADDRESS

16. SOCIAL
SECURITY NO.

213-09-3306

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

18. 541.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cholangitis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Post Operative Trauma

DUE TO

Duodenal Ulcer

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Whipple operation

19A. DATE OF OPERATION

12-28-50

19B. MAJOR FINDINGS OF OPERATION

Duodenal Ulcer

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26-50, 19, to 1-8-51, 19, that I last saw the
deceased alive on 1-8-51, 19, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Kirk Moore MD

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

1-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Severed Heart

24D. LOCATION (City, town, or county)

Balto. County

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

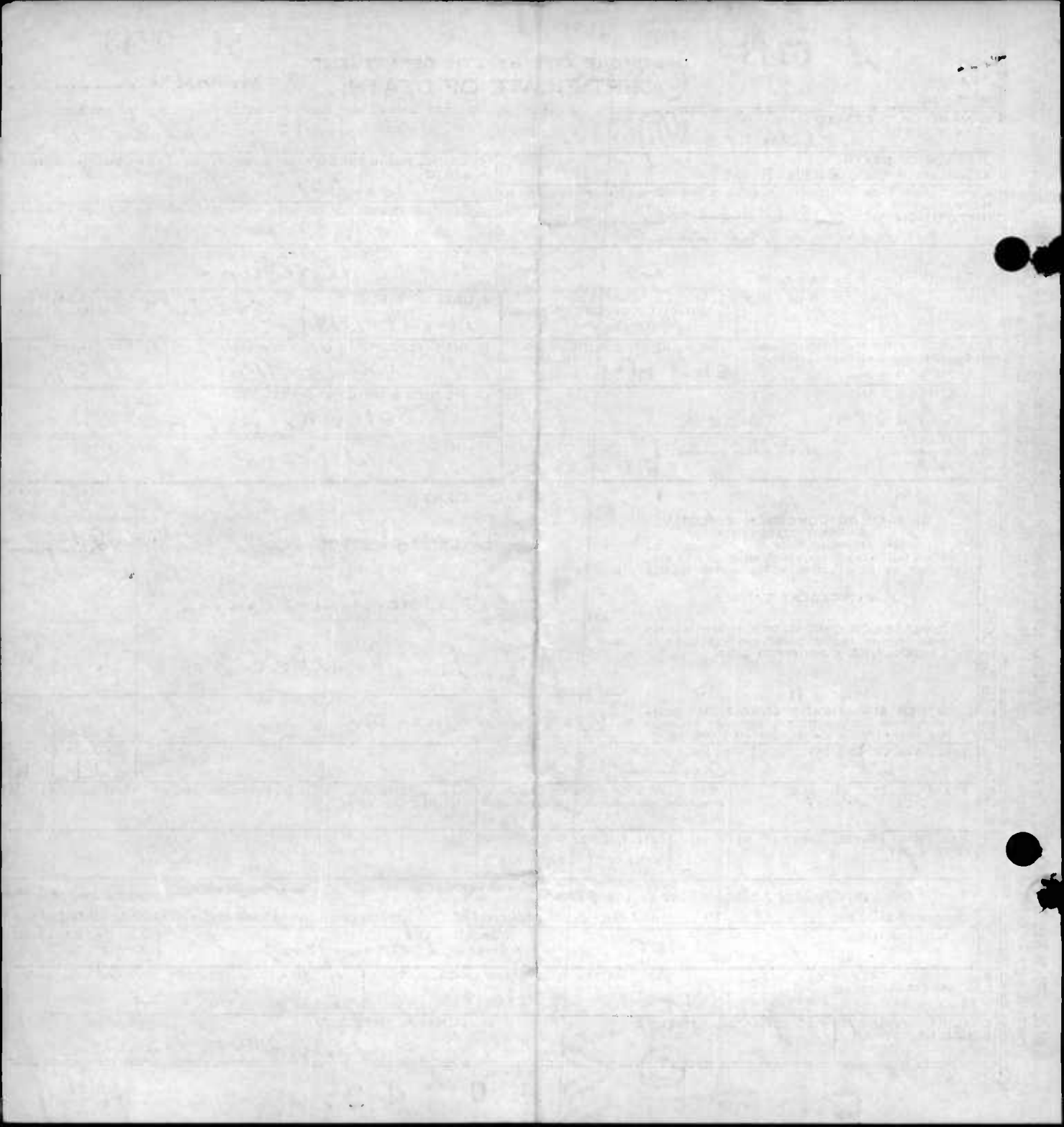
ADDRESS

Philip E. Beach 2716 E. Monument St.

JAN 9 1951

523 3A 0 2 1 2

117B



PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 1-12-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 0244

51 0244

1. NAME OF DECEASED (Type or Print) Emory J. Wilson			2. DATE OF DEATH Jan. 6th., 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1802 N. Caroline Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1802 N. Caroline Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1909 9 05 Jan. 4th., 1951		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Furniture Store (R)	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward L. Wilson			14. MOTHER'S MAIDEN NAME Ann G. Wilson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 489-09-4700	17. INFORMANT ADDRESS Mrs. Ann G. Wilson - 1802 N. Caroline Street		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE HYPERTROPHY OF HEART ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSION II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARCINOMA OF SIGMOID			CAUSE OF DEATH ACUTE HYPERTROPHY OF HEART HYPERTENSION CARCINOMA OF SIGMOID			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1948 to Jan. 6, 1951, that I last saw the deceased alive on 1-6-1951, and that death occurred at 11:55 P.M., from the causes and on the date stated above.								
23A. SIGNATURE O. L. Ewald			23B. ADDRESS 36 York Court			23C. DATE SIGNED 1-9-51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE I-10-51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Old Frederick Rd, Balto: Md.		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE John J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc. - 1735 Harford Avenue				

100 95-4951

1 9 3996 0 0 0 2 4 3

46E

DECLARATION OF DEATH

1952

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Signature of declarant

6. Signature of physician

7. Signature of medical examiner

8. Signature of coroner

9. Signature of registrar

10. Signature of clerk

11. Signature of witness

12. Signature of official

13. Signature of official

14. Signature of official

15. Signature of official

16. Signature of official

17. Signature of official

18. Signature of official

19. Signature of official

20. Signature of official

21. Signature of official

22. Signature of official

23. Signature of official

24. Signature of official

25. Signature of official

26. Signature of official

27. Signature of official

28. Signature of official

29. Signature of official

30. Signature of official

31. Signature of official

32. Signature of official

33. Signature of official

34. Signature of official

35. Signature of official

36. Signature of official

37. Signature of official

38. Signature of official

39. Signature of official

40. Signature of official

41. Signature of official

42. Signature of official

43. Signature of official

44. Signature of official

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-420

51 0245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

SALAS

51 0245
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clodomiro Salas

2. DATE
OF
DEATH

8 Jan 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1026 N. Broadway
Balt Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Costa Rica

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

San Jose

D. STREET ADDRESS (If rural, give location)

Cinco Esquinas

c. Length of stay in Baltimore

6 mos

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6-26-80

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days

6 13

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Costa Rica

12. CITIZEN OF
WHAT COUNTRY?

Costa Rica

13. FATHER'S NAME

Clodomiro Salas

14. MOTHER'S MAIDEN NAME

Ninfa Castro

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Victoria Salas de Aguilar, 1026 N Broadway

ADDRESS

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Stomach / Jejunum
with widespread
metastases.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Anemia cachectica

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Widespread metastatic Car Stomach

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18 1950 to Jan 1951 that I last saw the
deceased alive on 8 Jan 1951 and that death occurred at 723 PM from the causes and on the date stated above.

23A. SIGNATURE

Philip A. Cummins

M. D.

23B. ADDRESS

Johns Hopkins Hospital, Baltimore

23C. DATE SIGNED

8 Jan 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

1-11-51

24C. NAME OF CEMETERY OR CREMATORY

Not Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

REGISTRAR'S SIGNATURE

George J. Puth

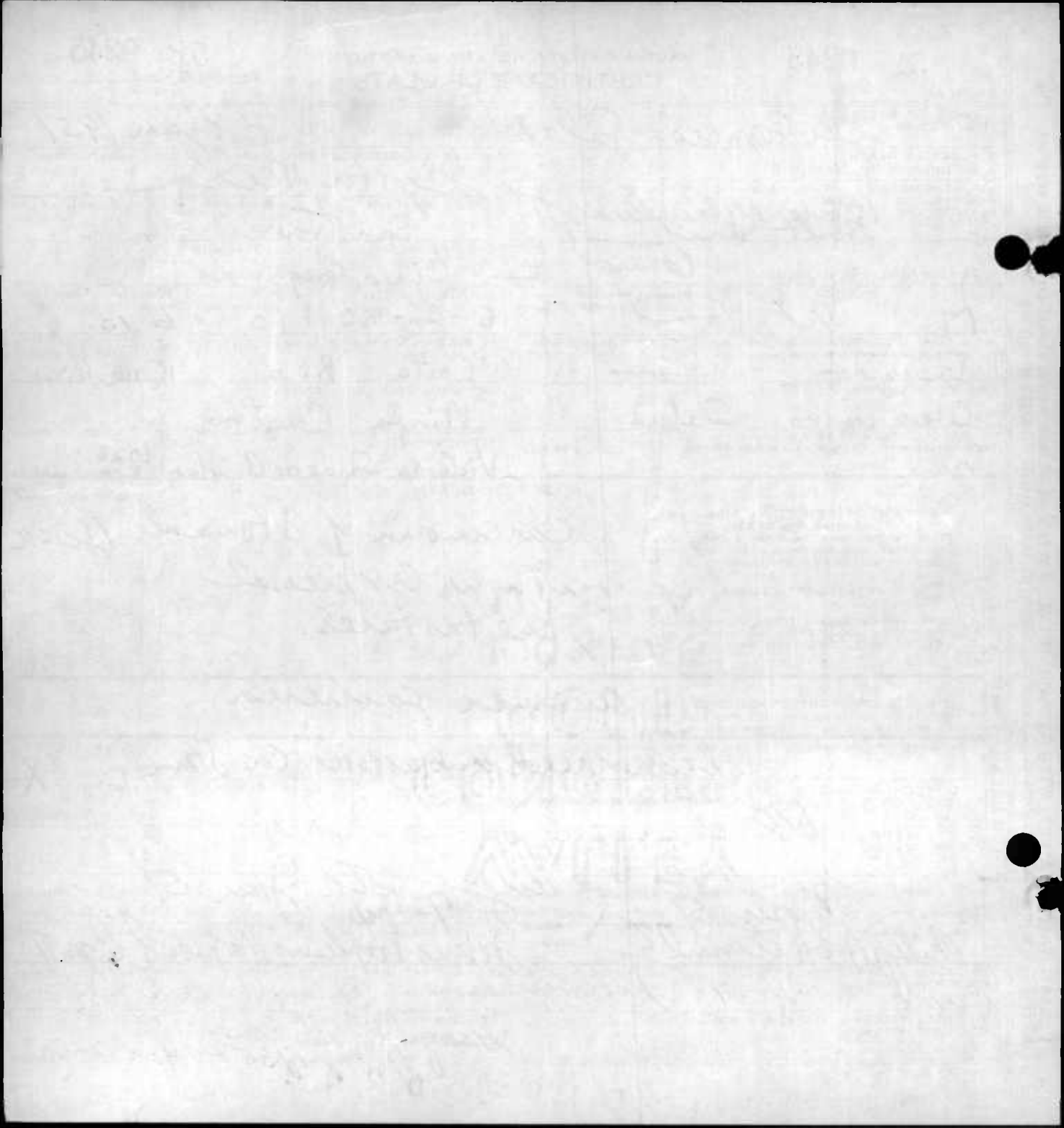
25. FUNERAL DIRECTOR

George J. Puth, Inc. 1735 Hanford Ave

ADDRESS

JAN 9 1951

1 9 50 55 BU 0 0 2 4 4 46 B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-656
LVC144183

51 0246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51 0246

1. NAME OF DECEASED
(Type or Print)

Leonard Farmer

2. DATE
OF
DEATH

Jan 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
22 S. Bethel St.

c. Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

April 23, 1901

9. AGE (In years last birthday)

49

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Alabama

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charlie Farmer

14. MOTHER'S MAIDEN NAME

Mamie Wright (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records- 4940 Eastern Avenue

18.

002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spontaneous pneumothorax

DUE TO

14 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary tuberculosis, far advanced

DUE TO

Over

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ml.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 13, 1950, to Jan 6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 9:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

R. D. Crozer M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-10-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Brooklyn Ind

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chas. O. Wilson, 1000 Brantly

JAN 5 1951

68013A

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any

Information added from the files of the

Bureau of Tuberculosis

Baltimore City Health Department

upon notification of the Baltimore City Hospitals that patient had died

1/23/1951

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0247

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN HOFFMAN

2. DATE
OF
DEATH

January 7, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3218 Foster Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00

Life Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

FEMALE
Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 4, 1897

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

Cross & Blackwell Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Christian Hoffman

FRUIT PACKING (L)

14. MOTHER'S MAIDEN NAME

Mary Rosenmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

220-03-8455

17. INFORMANT

ADDRESS

Mrs. James Wehrmann 3218 Foster Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Jan 7 51

July 5-50

July 149.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1950 to Jan 7, 1951, that I last saw the
deceased alive on Jan 7 19 51 and that death occurred at 3:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

William J. Rymer

M. D.

23B. ADDRESS

801 1/2 Kenwood Ave

23C. DATE SIGNED

1/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan.

1951

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

4701 German Hill Rd, Balto. Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Geiler

901 S. Conkling St.

VS 150

1 9 6 5 9 9 6 3 0 0 0 0 2 1 6

937

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0248
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John F. Blase

2. DATE
OF
DEATH

Jan 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

642 S. Lehigh St.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 10, 1906

9. AGE (In years
last birthday)

44

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Co.

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John F. Blase

14. MOTHER'S MAIDEN NAME

Ida Idebacher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

II

16. SOCIAL
SECURITY NO.

173-03-0664

17. INFORMANT

Anna Koehl

2439 Address
Marston Ave
Phila., Pa.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

1-9-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Vernon Cem

24D. LOCATION (City, town, or county)

Philadelphia, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 10 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook Inc, 1217 St Paul

VS 151

1 5 8783A 0 0 2 4 7

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

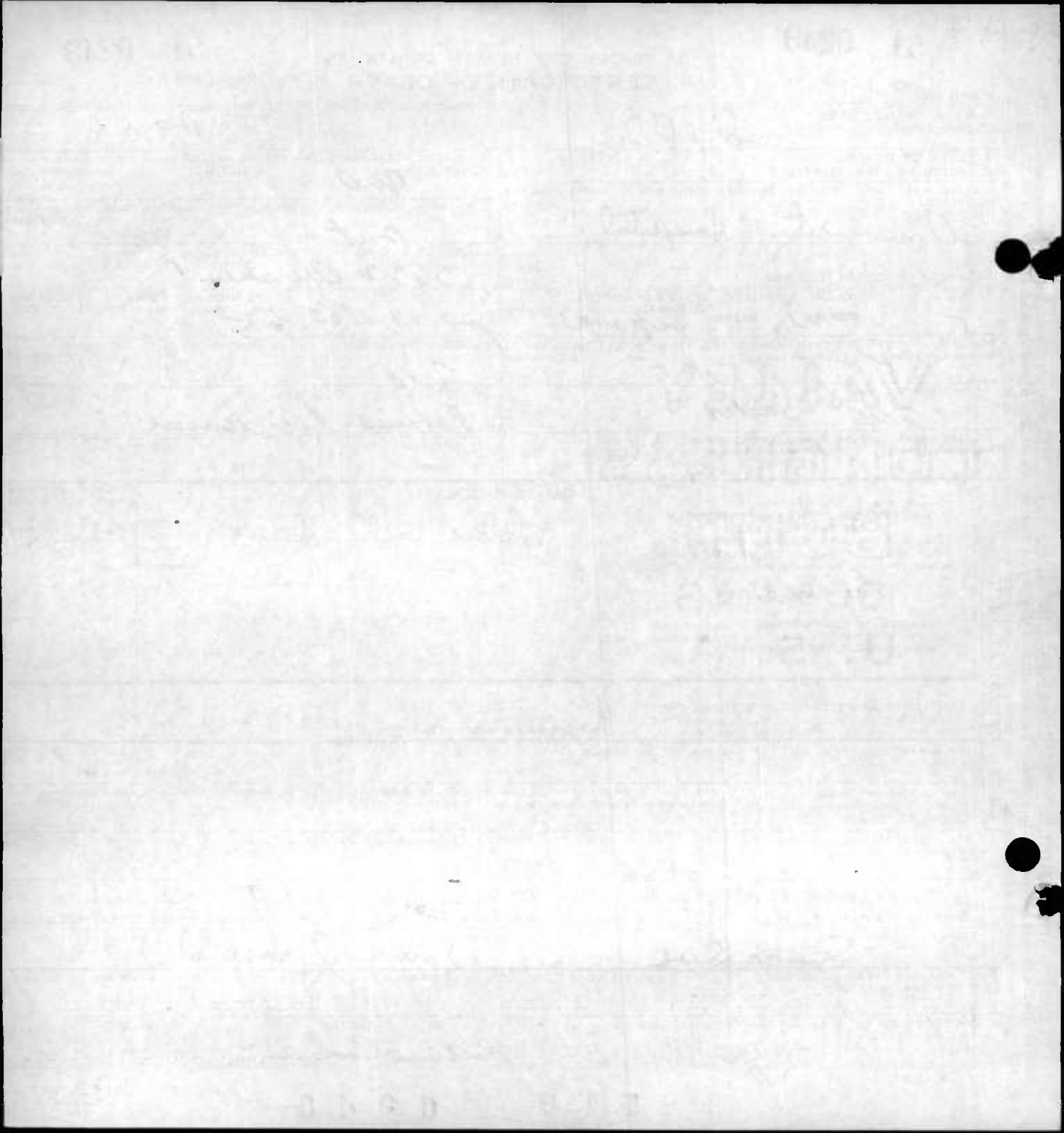
Registered No. _____

BIRTH NO. _____		51 0249	
1. NAME OF DECEASED (Type or Print) <i>Sadie Riley</i>		2. DATE OF DEATH <i>1-9-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pat. 9-03</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>3632 Ellerslie</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>Jan. 13, 1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>—</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (in years last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Fred Sachs</i>		14. MOTHER'S MAIDEN NAME <i>Patricia Prichard</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>—</i>		ADDRESS _____	
18. <i>241X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>status asthmaticus</i> (A) _____ DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive CVD</i>			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS ON OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>1-6</i> 1951, to <i>1-9</i> 1951, that I last saw the deceased alive on <i>1-8</i> 1951, and that death occurred at <i>12:24</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>E. Broadbent</i>		23B. ADDRESS <i>University Hospital</i>	
M. O. _____		23C. DATE SIGNED <i>1-9-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 12, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1951</i>		REGISTRAR'S SIGNATURE <i>William Cook, Jr.</i>	
25. FUNERAL DIRECTOR <i>William Cook, Jr.</i>		ADDRESS <i>1217 St. Paul Street</i>	

VS 150

19510000240

937



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *CONFORT PEREGOY*

2. DATE OF DEATH *Jan. 8, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1304 W. Lombard St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-03

D. STREET ADDRESS (If rural, give location)

1304 W. Lombard St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX *Male*

6. COLOR OR RACE *W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH

June 15-1887

9. AGE (In years, last birthday) *63*

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator operator

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Peregoy

OLD G.

14. MOTHER'S MAIDEN NAME

Elizabeth Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-03-2423

17. INFORMANT

ADDRESS

18. *470.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Occlusion*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *arteriosclerotic Heart Disease*

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-8-51*, to *1-8-51*, that I last saw the deceased alive on *1-8-51*, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Samuel C. Pulver

23B. ADDRESS

4034 Cedardale Rd.

23C. DATE SIGNED

1-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 10 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

William Cook, Jr.

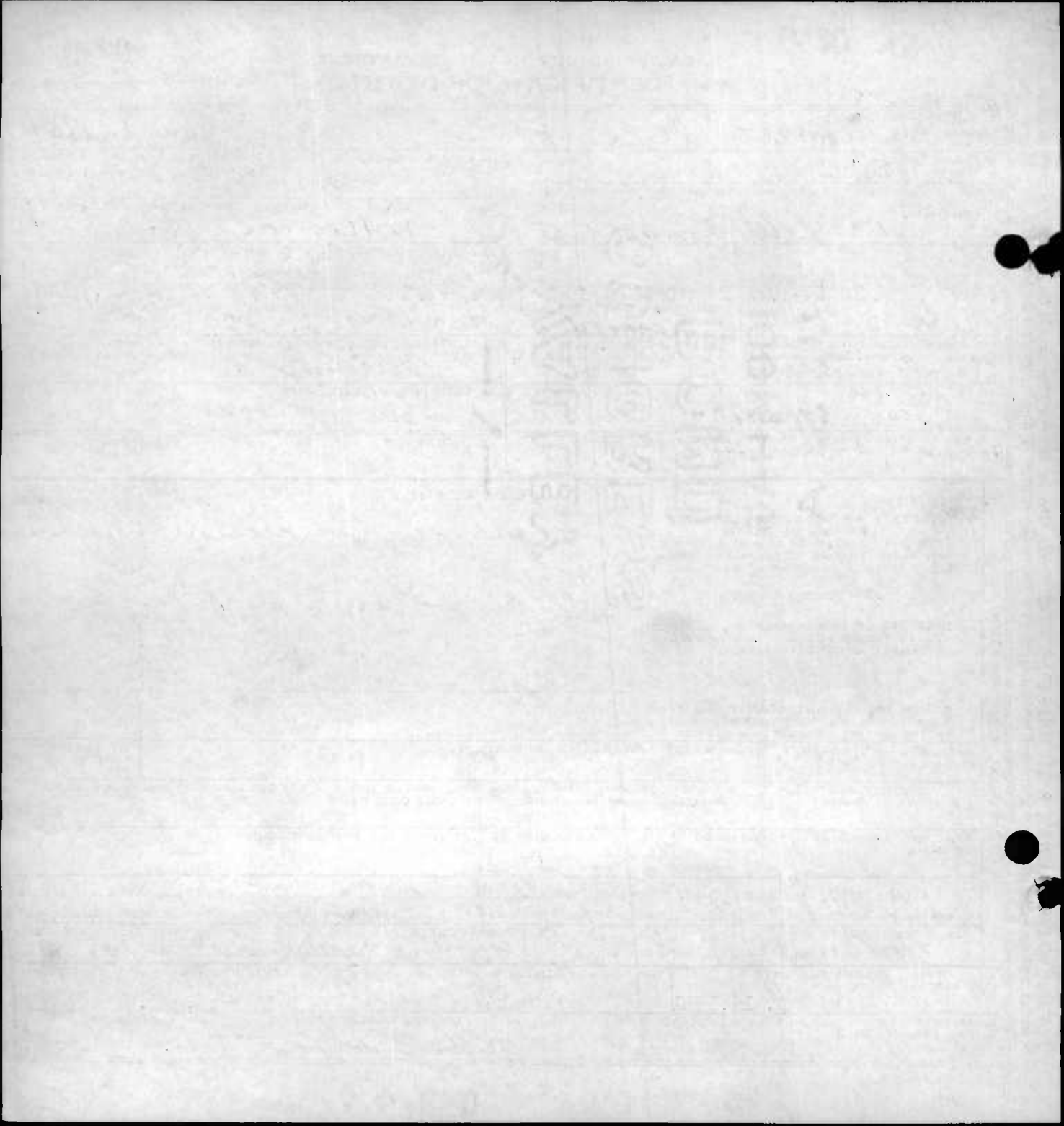
ADDRESS

1217 St. Paul Street

VS 150

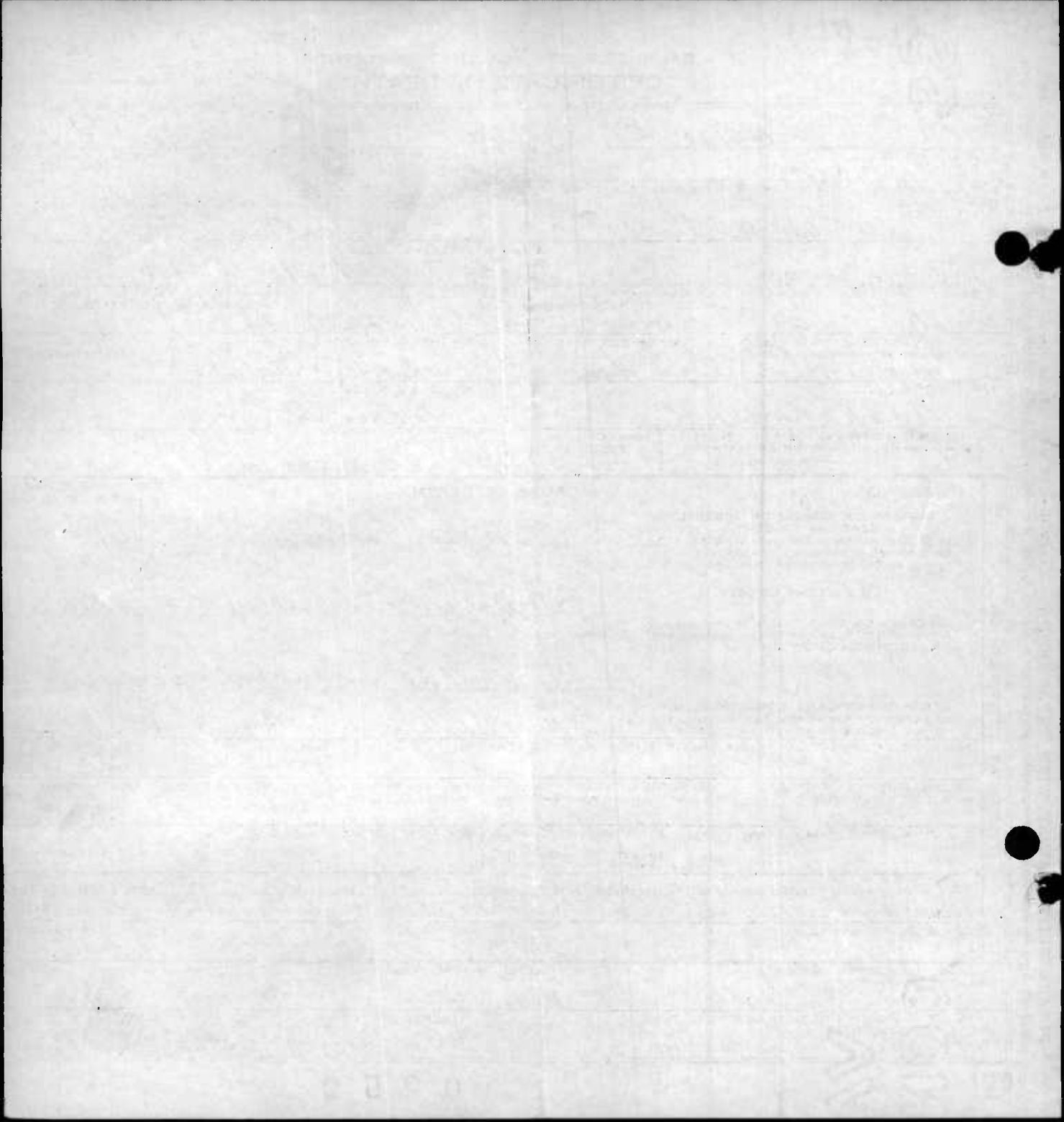
1951 0761240 249

939



PLEASE WRITE CLEARLY, MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				Registered No. _____	
Certificate of Death					
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <i>Louise E. Biggs</i>			2. DATE OF DEATH <i>1/8/51 3:45 PM.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>741 W. North Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 14-01</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>741 W. North Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1/3/1872</i>	9. AGE (In years, last birthday) <i>78</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>St. Johns City - Canada</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>
13. FATHER'S NAME <i>Joseph Blakslee</i>			14. MOTHER'S MAIDEN NAME <i>Marie Battles</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <i>Helvise B. Biggs</i>		
			ADDRESS <i>741 W. North Ave</i>		
18. <i>4221</i> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Broncho-Pneumonia</i> DUE TO				<i>1 wk</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Arteriosclerotic Cardiovascular Disease</i> DUE TO				<i>10 yrs</i>	
(C) <i>Generalized Arteriosclerosis</i> <i>Myocardial Atrophy and Indurated</i>				<i>10 years</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 1947</i> , to <i>Jan 1951</i> , that I last saw the deceased alive on <i>Eden</i> , 1951, and that death occurred at <i>3:45 PM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Curston L. Seaton</i>		23B. ADDRESS <i>M.D. 1938 Linden Ave</i>		23C. DATE SIGNED <i>9 Jan 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/11/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadow Ridge</i>	
				24D. LOCATION (City, town, or county) (State) <i>Borovay Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. C. McKinnon, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. C. McKinnon, 1217 St. Paul St.</i>	
				ADDRESS	



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0252

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL M. EDMONDS

2. DATE
OF
DEATH

January 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2001 E. Pratt Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

May 13, 1894

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Charleston, W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Edmonds

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isabel R. Edmonds

2001 E. Pratt St.

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 10, 51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1951

William Cook, Jr. 1217 St. Paul Street

V S 151

551 015 300 251

94a ✓

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0253		BALTIMORE CITY HEALTH DEPARTMENT		51 0253	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) THOMAS DONAHUE			2. DATE OF DEATH January 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1415 Cavendish Way		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 4, 1900	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler - Fireman			10B. KIND OF BUSINESS OR INDUSTRY Balto City Hosp.		11. BIRTHPLACE (State or foreign country) New York City
13. FATHER'S NAME James Donahue			14. MOTHER'S MAIDEN NAME Anna Whelan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. World War I & 2		
17. INFORMANT Alma Donahue			ADDRESS 1415 Cavendish Way		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Lobar pneumonia DUE TO ANTECEDENT CAUSES (B) Arteriosclerotic heart disease DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inq. & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunsacker			23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED Jan. 9, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 12, 51	24C. NAME OF CEMETERY OR CREMATORY U. S. National		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1951		REGISTRAR'S SIGNATURE William Cook, M.D.		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Claire Anna Fradin</i>			2. DATE OF DEATH <i>1/9/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-12</i>		
C. Length of stay in Baltimore <i>37</i>			D. STREET ADDRESS (If rural, give location) <i>2529 Shiloh Ave - Balto</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sep</i>	B. DATE OF BIRTH <i>Aug 15, 1910</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years last birthday) <i>40</i> 39 yrs		
13. FATHER'S NAME <i>Abraham Suneff</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Rose Loreskey</i>	
		17. INFORMANT <i>Hospital records</i>		ADDRESS ✓	
18. <i>416 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic carditis (inactive)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>(over)</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12/9/50</i> , 19__, to <i>1/9/51</i> , 19__, that I last saw the deceased alive on <i>1/9/50</i> , 19__, and that death occurred at <i>5:40</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frederick J. Edmunds</i>			23B. ADDRESS <i>Union Memorial Hosp</i>		
23C. DATE SIGNED <i>1/9/51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-10-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rose dale</i>		24D. LOCATION (City, town or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>	
				ADDRESS <i>2100 Eastern Pl</i>	

See Document File 51 0254
2/28/51 ES

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0255

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Lottie)

Charlotte Mae Harris

2. DATE
OF
DEATH

1-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland, Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

3813 Echodale Av.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-6-98

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

Am.

13. FATHER'S NAME

Frederick Shaw

14. MOTHER'S MAIDEN NAME

Sarah Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Thomas D. Harris - 3813 Echodale Ave.

18. 587.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute pancreatitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

12-12-50

19B. MAJOR FINDINGS OF OPERATION

Acute Pancreatitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30 1950 to 1-6 1951 that I last saw the deceased alive on 1-6-1951 and that death occurred at 6:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

1383 Belz

23B. ADDRESS

1400 N. Caroline

23C. DATE SIGNED

1-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/10/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto. Cem.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Sicker

ADDRESS

Balto Md.

AN 101951

19510000254

128

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

PLANT INDUSTRY

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0256

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JESSIE MAE FAVES.

2. DATE
OF
DEATH

1-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Huters Hospital*
2724 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

11 Blincher Court.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-26-1920

9. AGE (In years
last birthday)

30

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

*Birmingham Alabama*12. CITIZEN OF
WHAT COUNTRY?*USA*

14. MOTHER'S MAIDEN NAME

Gillen

17. INFORMANT

*Wilton Faves (husband)*ADDRESS
*11 Blincher Court.
Balt. 26.*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *General carcinomatosis*INTERVAL BETWEEN
ONSET AND DEATH*one month*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) *Carcinoma of sigmoid*

DUE TO

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

(1-4-50) 11-11-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of sigmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g. in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-8*, 19*51*, to *1-9*, 19*51*, that I last saw the
deceased alive on *1-9*, 19*51*, and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Glass

M. D.

23B. ADDRESS

2730 N Charles st

23C. DATE SIGNED

*1-9-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Removal*

24B. DATE

1-10-51

24C. NAME OF CEMETERY OR CREMATORY

Memorial Park

24D. LOCATION (City, town, or county)

Louisville, Mississippi

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Connelly

ADDRESS

3500 Bank St.

VS 150

9510000255

46E

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

12-21-11
J. H. ...
...

51 0257

CERTIFICATE CORRECTED 1-18-51

51 0257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. WHITE

2. DATE
OF
DEATH

Jan-9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

271 S. East Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-10

D. STREET ADDRESS (If rural, give location)

271 S. Eastern Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct-16-1880

9. AGE (In years
last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Stationary Home Laundry

11. BIRTHPLACE (State or foreign country)

Kent Co. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James White

14. MOTHER'S MAIDEN NAME

Eliz. Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Myrtle L. White

ADDRESS

18.

442x 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arterio sclerotic cardis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

rescular renal disease

3 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Jan. 9, 1951, that I last saw the
deceased alive on Jan. 9, 1951, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Sigmond R. Nowak

23B. ADDRESS

408 S. Patt. Ph. An.

23C. DATE SIGNED

1/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-12-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

John G. Connolly - 418 Eastern Ave

ADDRESS

JAN 10 1951

VS 150

1 9583 EC 000256 Balto 21 Md
131a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DECEASED: H. WHITE
Age: 70

Spouse: Jane Doe

111 East 10th St

Dec 10-1900

James White (deceased) formerly of this Co. and
Ely. James

born April 1st 1830

111 East 10th St
Dec 10-1900
James White (deceased) formerly of this Co. and
Ely. James

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0258

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Beulah Pauline Foley (Mrs. Charles)

2. DATE
OF
DEATH

January 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) White Marsh

D. STREET ADDRESS (If rural, give location) Bird River Rd. Route 14

5200

c. Length of stay in Baltimore

Yrs.
1 Mos.
Days

8. DATE OF BIRTH

June 10, 1919

9. AGE (In years last birthday)

31

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Vada Nicholson

17. INFORMANT

ADDRESS

Charles H. Foley White Marsh

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

Primary in Liver

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

December 9, 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinomatosis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1950, to Jan. 9, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

1-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/12/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24d. LOCATION (City, town, or county)

Balto

md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 10 1951

REGISTRAR'S SIGNATURE

William L. Williams, M.D. Lonsdale Funeral Home 7401 Belair Rd Balto md.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5633460 0 0 2 5 7

46F

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Conrad G. Brandt

2. DATE
OF
DEATH

Jan 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

138 South Collins Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 26 - 1893

9. AGE (In years

last birthday)

57

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

CLERICAL WORK

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John F. Brandt

14. MOTHER'S MAIDEN NAME

Amelia E. HECKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

212-16-0164

17. INFORMANT

Elizabeth P. Brandt 138 S. COLLINS AVE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Left Ventricular Perforation

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1-5-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Myocardial Art Infarction

DUE TO

1-5-51

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-51, 1951, to 1-9, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 12:50 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1951

William M. Williams

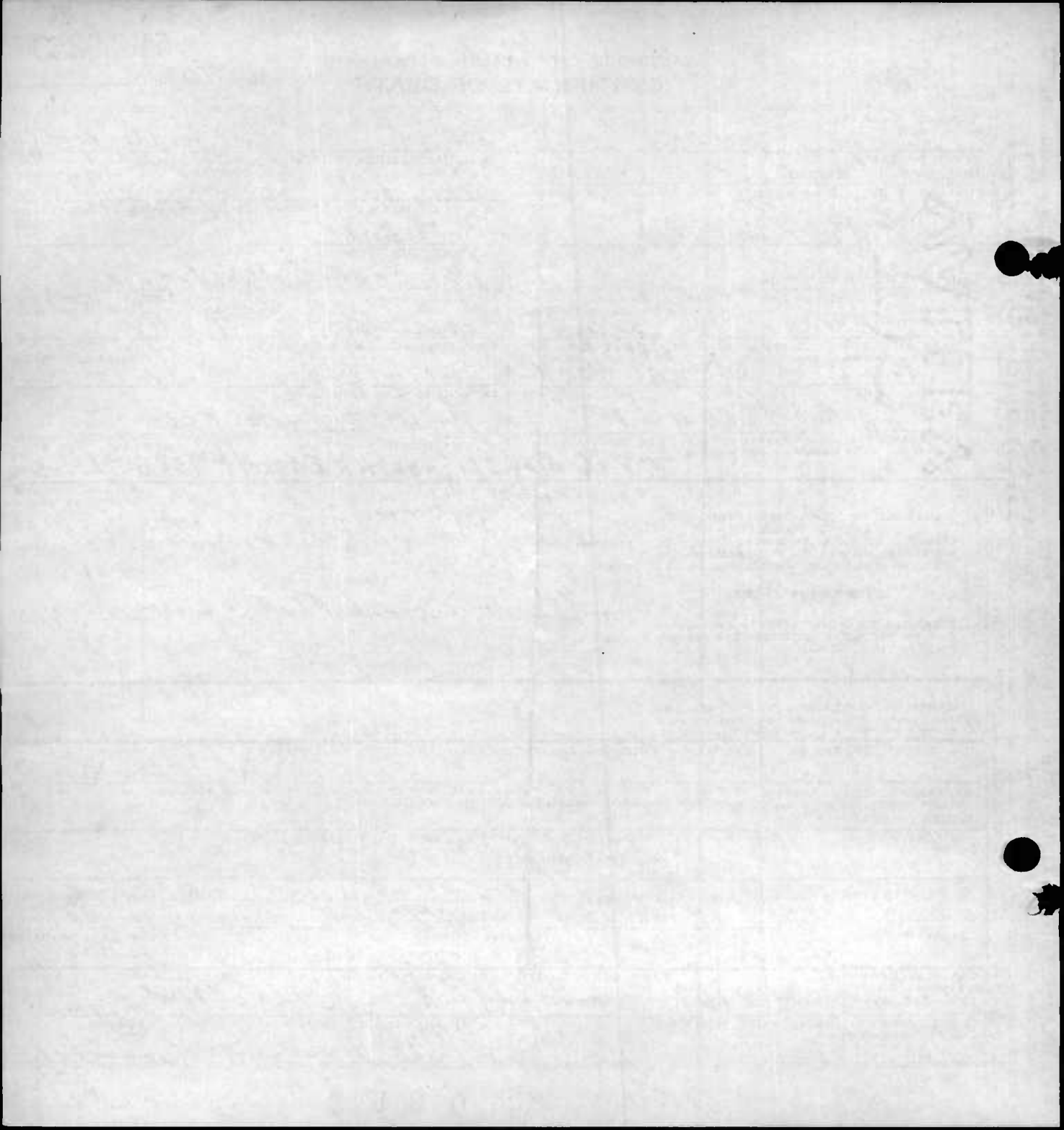
Walter B. M. Walters

St. Agnes

VS 150

1 5 1 390 0 2 5 0

94a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHRISTIAN C. WILSON

2. DATE
OF
DEATH

1/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4 N. Bernice Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 24, 1904

9. AGE (In years
last birthday)

46

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

meat cutter

10B. KIND OF BUSINESS OR
INDUSTRY

retail meat

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Wilson

14. MOTHER'S MAIDEN NAME

Christina Dude

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ruth B. Wilson - 4 N. Bernice Ave.

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) *Inter cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *with Subarachnoid Extension*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from *1/8/51*, 19*51*, to *1/8/51*, 19*51*, that I last saw the
deceased alive on *1/8/51*, 19*51*, and that death occurred at *130* m., from the causes and on the date stated above.

23A. SIGNATURE

Frankel Winter

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

1/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/12/51

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frankel Winter

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons - Balto., Md.

ADDRESS

VS 150

1 9 5 1 6 8 0 6 4 0 2 5 2

83a

STATE OF NEW YORK
OFFICE OF THE COMPTROLLER

IN SENATE,
January 11, 1900.

REPORT OF THE COMPTROLLER
OF THE STATE OF NEW YORK,
FOR THE YEAR 1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

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J. B. LEECH, STATE PRINTER,
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NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

NEW YORK:
J. B. LEECH, STATE PRINTER,
1899.

ALBANY:
J. B. LEECH, STATE PRINTER,
1899.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 0261**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FERNAND F. KLENK

2. DATE
OF
DEATH **Jan. 8, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1132 E. 36th St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 27, 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrical Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Bottle Cap Mfg.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Klenk

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
213-01-0525

17. INFORMANT

ADDRESS

Mr. Hall Klenk - 106 Midhurst Rd.

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **Arteriosclerotic heart disease 6 yrs.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

Chief or Asst. Medical Examiner

M. D.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from **19** to **19**, that I last saw the
deceased alive on **19** and that death occurred at **6:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

C. Edward Leach

M. D.

23B. ADDRESS

14 E. Eager St.

23C. DATE SIGNED

1/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

1/11/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

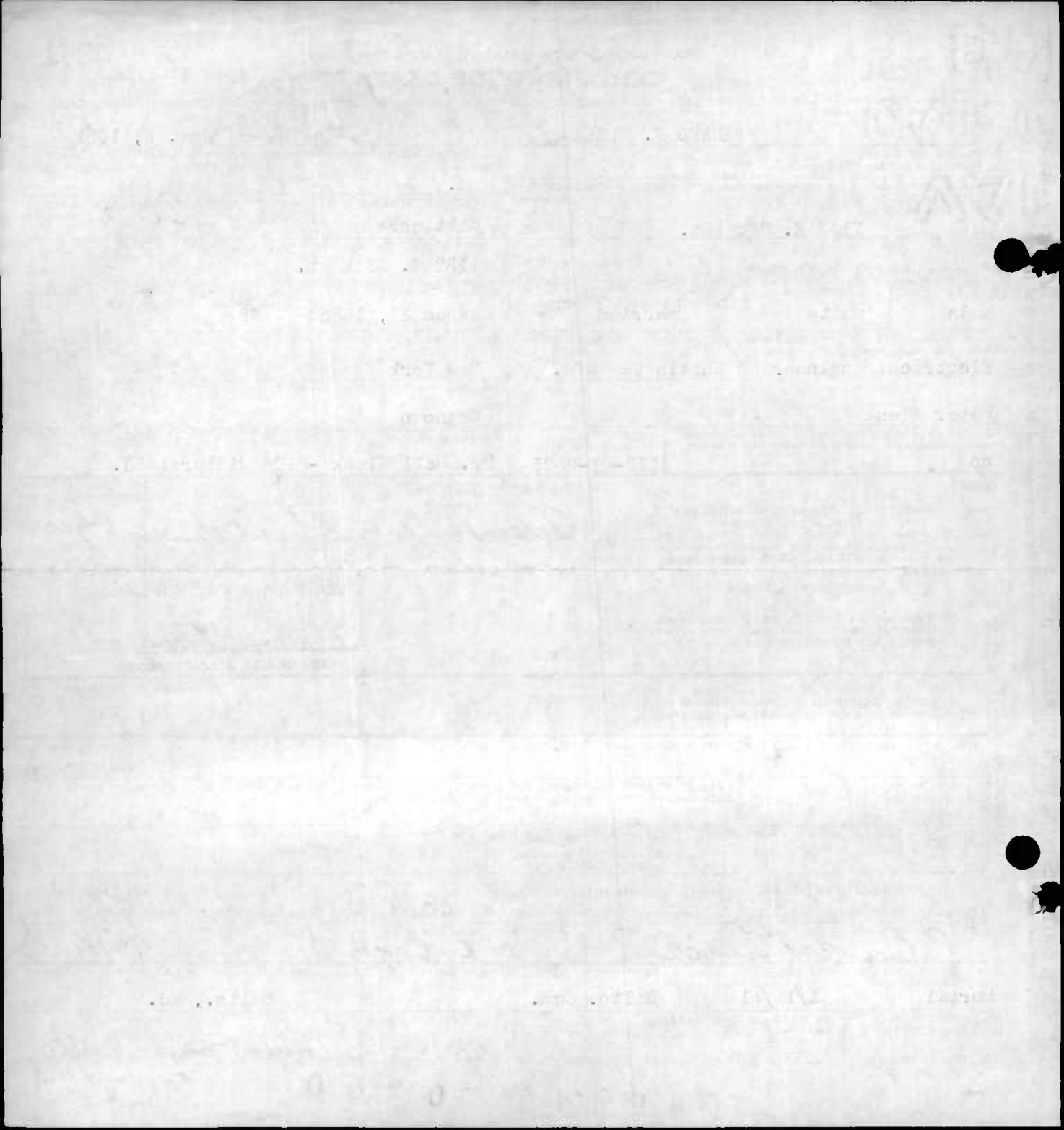
REGISTRAR'S SIGNATURE

Wm. J. Lickens

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lickens & Sons - Balto. Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

K-510
51 0262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD KEAP

2. DATE
OF
DEATH

1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

MARYLAND Frederick

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIV HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

FREDERICK

D. STREET ADDRESS (If rural, give location)

701 E SEVENTH

6011

C. Length of stay in Baltimore

10 WEEKS

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-21-87

9. AGE (In years last birthday)

63 03

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

AND.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Clarence Peter Keap

14. MOTHER'S MAIDEN NAME

FLORENCE SHELTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

214-10-1664

17. INFORMANT

HOSP. RECORDS

ADDRESS

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF PROSTATE
DUE TO E PARAPLEGIA DUE TO SPINAL METASTASIS

INTERVAL BETWEEN ONSET AND DEATH
1 YEAR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-26-50

19B. MAJOR FINDINGS OF OPERATION

Therapeutic orchiectomy

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1951, to 1-10, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 6:54 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Keap

23B. ADDRESS

91 W. 1st St.

23C. DATE SIGNED

1-10-51

24A. BURIAL (CREMATION, REMOVAL) (Specify)

Burial

24B. DATE

1-12-1951

24C. NAME OF CEMETERY OR CREMATORY

mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Frederick - Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 10 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

C. E. Cline & Son - Frederick - Md.

ADDRESS

VS 150

STOVER 07099 0261

51 B

VALLEY
COLLEGE
BOARD
OF TRUSTEES

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0263**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) **Pulmonary Tuberculosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/28**, 19**50**, to **1/9**, 19**51**, that I last saw the
deceased alive on **1/8**, 19**51**, and that death occurred at **11:35 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONER

OF THE LAND OFFICE

FOR THE YEAR

1900

ALBANY:

1901

WILLIAM

WATKINS

PRINTED

AT THE

STATE PRINTING OFFICE

ALBANY

1901

1901

1901

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0264
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FRANCIS JOSEPH PONTIER			2. DATE OF DEATH Jan. 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2257 Cecil Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 26, 1891	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Dealer		10B. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John E. Pontier			14. MOTHER'S MAIDEN NAME Maryann McGann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Philippa M. Pontier, 1102 N. Pat. Park Av		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes		ADDRESS			

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Hypertensive cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH
---	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Inc. & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Jan. 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/12/51	24C. NAME OF CEMETERY OR CREMATORY National	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1951	REGISTRAR'S SIGNATURE William V. Smith	25. FUNERAL DIRECTOR W. C. Smith	ADDRESS 1217 St Paul St

VS 151

9 9 52 9006U 0 0 2 6 3

937 V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0265
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN L. BUSH

2. DATE
OF
DEATH

1/9/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

OCT. 22, 1878

9. AGE (In years last birthday)

72

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

UNKNOWN

13. FATHER'S NAME

John Bush

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Margaret Mayers

ADDRESS

Lewis

18.

161X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute respiratory obstruction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of lungs
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/3/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of lungs

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7/51, 1951, to 1/9/51, 1951 that I last saw the deceased alive on 1/9/51, 1951, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23. SIGNATURE

Thomas D. Michael

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

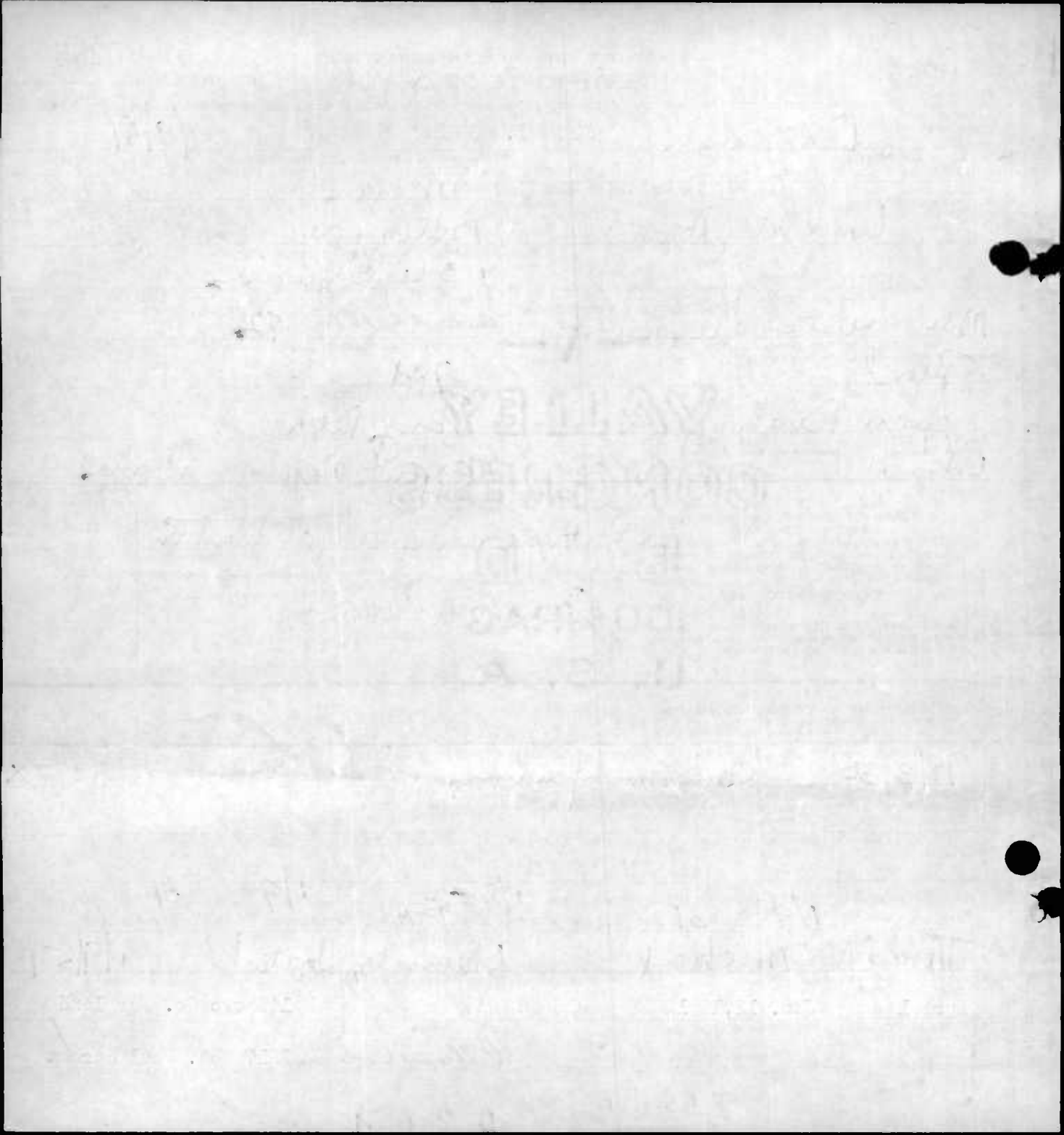
ADDRESS

William Cook, Jr. 1217 St. Paul Street

JAN 10 1951

1951 048088 0265

47a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0266

BIRTH NO. 51 0266

1. NAME OF DECEASED (Type or Print) George Helmstadter		2. DATE OF DEATH Jan 10 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2719 Riggs Ave B. FULL NAME OF HOSPITAL OR INSTITUTION 2719 Riggs Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balt Md B. COUNTY 16-06 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2719 Riggs Ave.	
c. Length of stay in Baltimore 8 yrs		8. DATE OF BIRTH May 2, 1867	
5. SEX Male	6. COLOR OR RACE White	9. AGE (In years last birthday) 83 yrs	11. BIRTHPLACE (State or foreign country) Rahway, New Jersey
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. CITIZEN OF WHAT COUNTRY? 16-06	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Cabinet Maker	
13. FATHER'S NAME George Helmstadter		14. MOTHER'S MAIDEN NAME Margaret Breunig	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mrs. Raymond Lee, 2719 Riggs Ave.		ADDRESS 2719 Riggs Ave.	

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral embolism DUE TO (A) Cerebral embolism (B) Cadrai decompensation - 2 yrs (C) Artero-sclerotic Hypertension 10 yrs DUE TO (C) Artero-sclerotic Hypertension INTERVAL BETWEEN ONSET AND DEATH Immediate	19. DATE OF OPERATION none	19A. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from Jan 2nd 1951 , to Jan 10, 1951 , that I last saw the deceased alive on Jan 8th 1951 , and that death occurred at 11 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph N Zierler		23B. ADDRESS 2318 Euter Place		23C. DATE SIGNED 1/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 13, 1951		24C. NAME OF CEMETERY OR CREMATORY Rahway Cemetery	
24D. LOCATION (City, town, or county) (State) Rahway, N. J.		24E. FUNERAL DIRECTOR William Williams, M.D.		24F. ADDRESS 4510 Liberty Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		FUNERAL DIRECTOR William Williams, M.D.	

VS 150

19510000265

95c

800

OFFICE OF THE ATTORNEY GENERAL

VALLEY
COUNCIL
OF
INDUSTRIES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0267

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Rosa

2. DATE
OF
DEATH

January 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A 3 Wom Cl

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK

NOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from 1-9-51, to 1-9-51, that I last saw the
deceased alive on 1-9-51, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John H. Webb

M. D.

THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

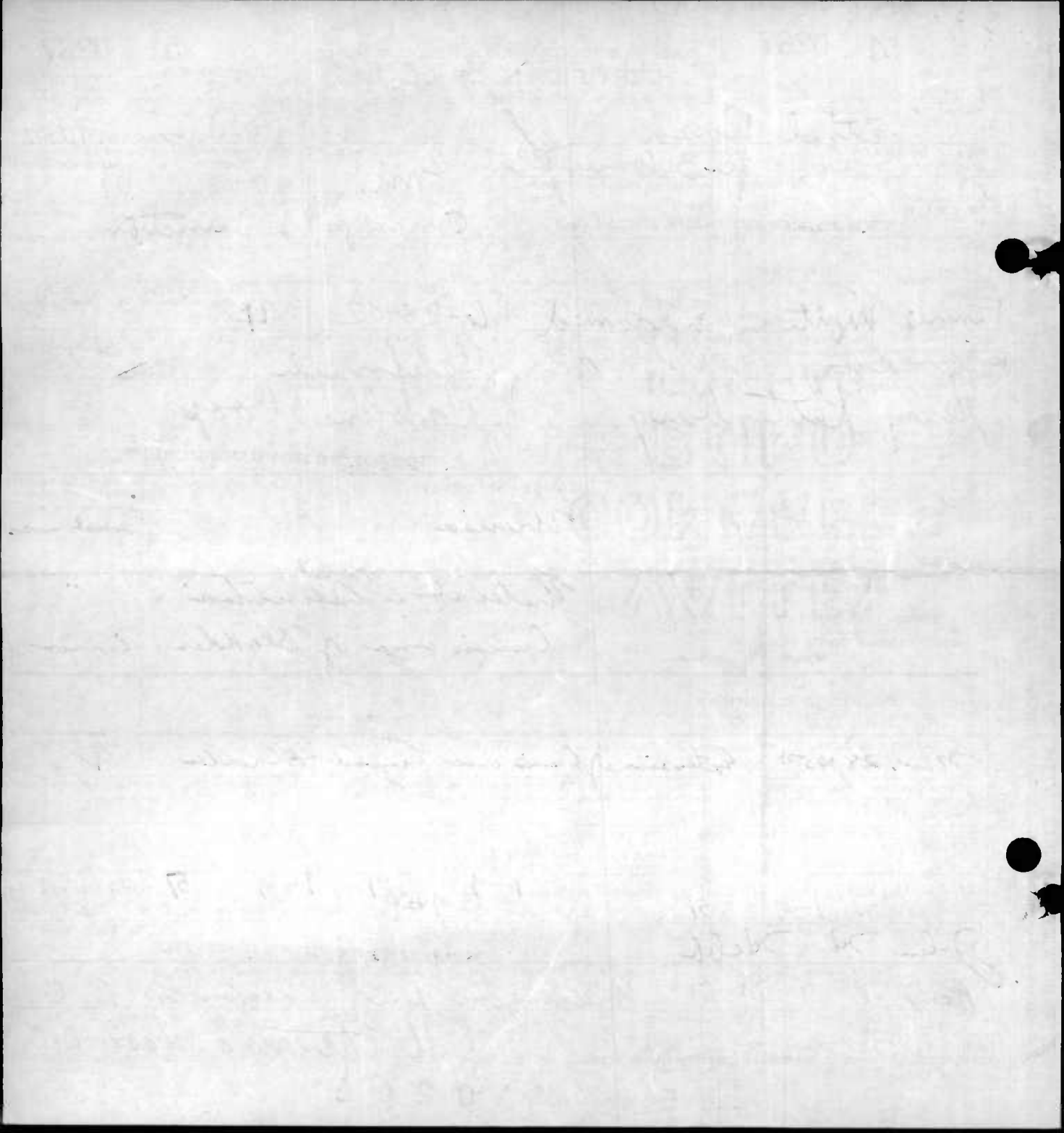
25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1951

William H. Williams

W. W. Chambers Co Wash. D. C.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly written. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0268
Registered No. 51 0268

51 0268
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALTER KABAT		2. DATE OF DEATH Jan. 8-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1443 Lawman St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 24-Ct	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1443 Lawman St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore 32 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1443 Lawman St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 26, 1886 9. AGE (in years last birthday) 64 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stevedore		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Antonic Kabat		14. MOTHER'S MAIDEN NAME MARITIME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 150X I Carcinoma of Esophagus (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO	

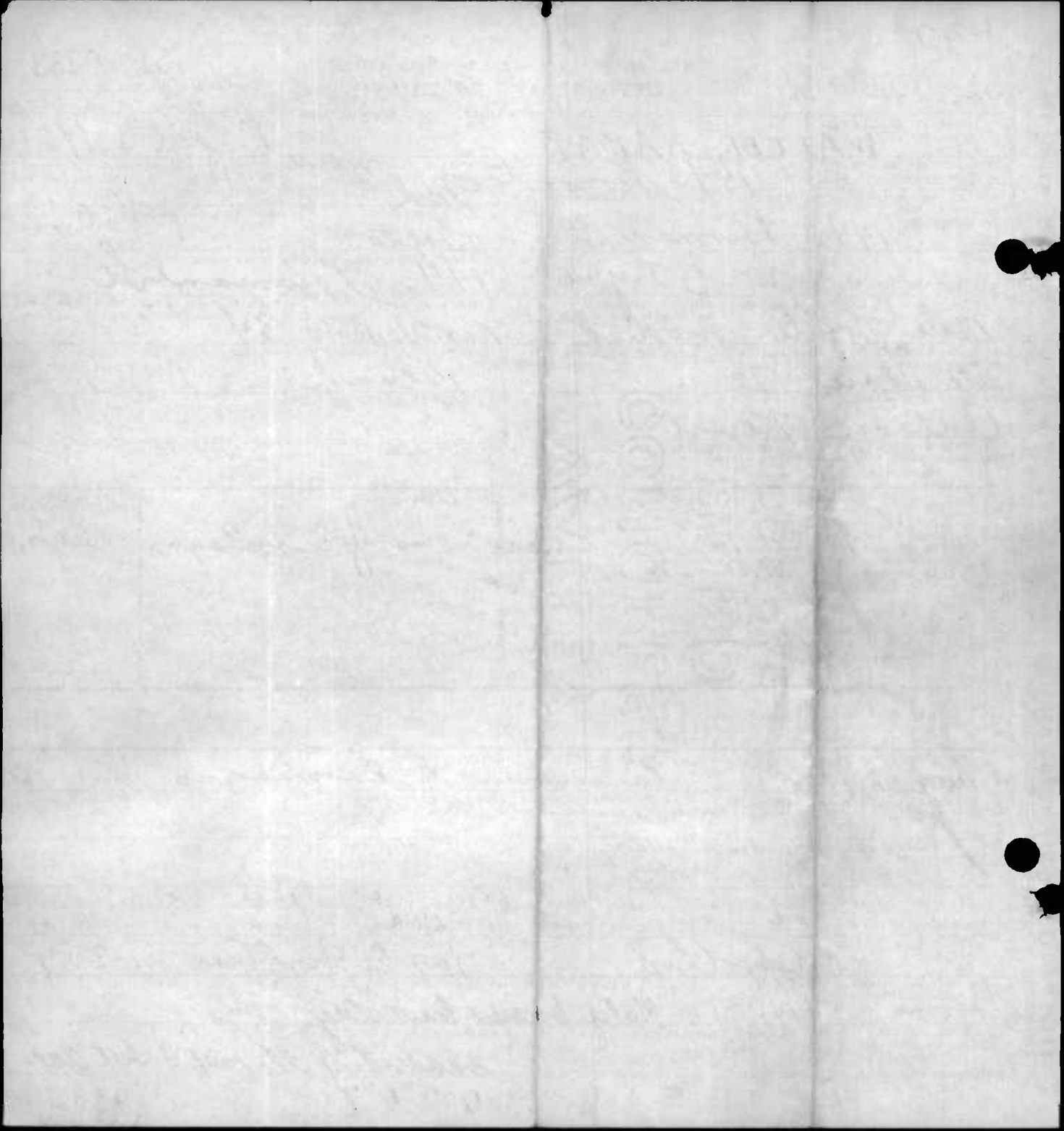
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION Aug. 28, 1950	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-10 , 19 50 , to 1-8 , 19 51 that I last saw the deceased alive on 1-8 , 19 51 and that death occurred at 6:10 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Asaflo	23B. ADDRESS 707 E. Fort Ave.	23C. DATE SIGNED 1-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/11/51	24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1951	REGISTRAR'S SIGNATURE Walter J. Williams, Jr.	25. FUNERAL DIRECTOR Broas. J. Fell	ADDRESS 1501 E. Fort Ave.

VS 150

1 9 59 40 0 55 0 2 6 7

46a



S-200
51 0269BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0269

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isidore Sacks

2. DATE
OF
DEATH

1/10/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

12-07

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

U. H.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2100 Maryland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

39

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Sacks - same

18. 591X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Sub acute Glomerulonephritis
DUE TO with a superimposed

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pyelonephritis and
DUE TO Urinemia

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-10, 1951, that I last saw the
deceased alive on 1-10, 1951, and that death occurred at 330 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. J. O'Hara

M. D.

23B. ADDRESS

2300 N. Hamp

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-11-51

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Dick Lewis 2100 Centaur Pl

ADDRESS

JAN 11 1951
VS 150

19 224 60000268

133a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

WALLEY

2450000

10000

10000

10000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be as fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-145
51 0270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0270

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SARAH CAPLAN

2. DATE
OF
DEATH

1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Levindale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Levindale 27-17

c. Length of stay in Baltimore

37

Yrs.
Mon
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years last birthday)

66

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hyman

14. MOTHER'S MAIDEN NAME

Lottie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Albert Caplan - 40 So Cumber St

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Tumor of lung

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 year

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-18, 1947, to 1-10, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 6 a m., from the causes and on the date stated above.

23A. SIGNATURE

Dary Nagel

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

1-11-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutaw Pl

JAN 11 1951

1951 0000269

477

NOT to be copied on any transcripts - statistical purposes only!

Dr. Nagel called on phone in answer to query 1/12/1951

Stated: Tumor probably malignant but primary site not obtained as
patient refused examination, operation, uncooperatively, etc.

1/17/1951 E. Steman

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earl

CARTER

2. DATE
OF
DEATH

January 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1650 N. Bentalou St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 27 - 1911

9. AGE (In years last birthday)

39

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY

Trucking

11. BIRTHPLACE (State or foreign country)

Simonson Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Carter

TRUCKING

14. MOTHER'S MAIDEN NAME

Albena Gaskin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

579-14-7856

17. INFORMANT

ADDRESS

Sarah E. Carter 2631 Huron

18. E 911.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of the chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Industrial

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Exell J. Brooks, 1919 Riggs Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 8, 1951 3:07 PM

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

dump truck

Crushed between body and frame of

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dineen

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

January 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 12/51

24C. NAME OF CEMETERY OR CREMATORY

Church Cemetery Simonson

24D. LOCATION (City, town, or county)

Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Va Brooks

ADDRESS

14637 Camp

VS 151

N-8622 9564352000270

18612

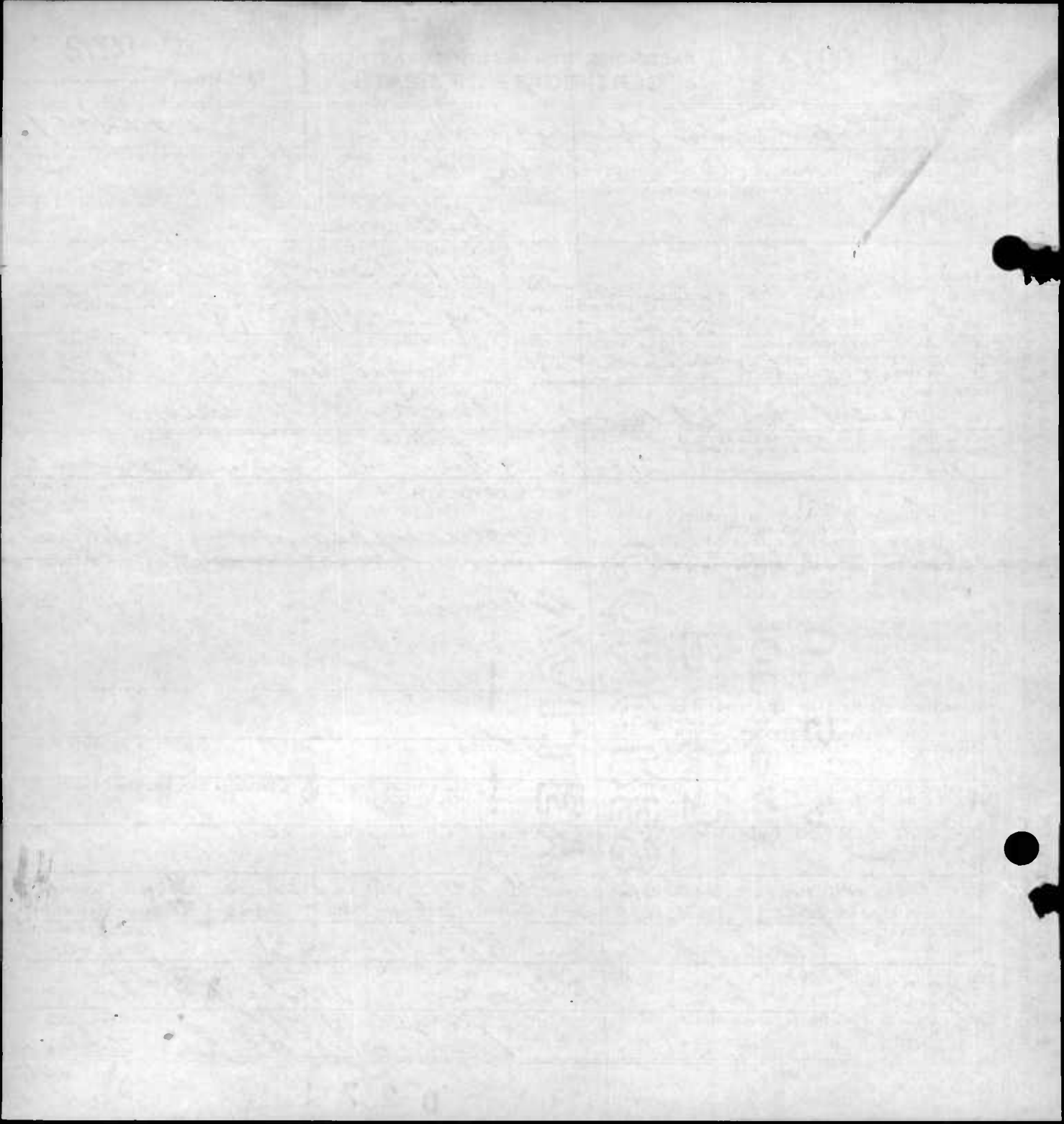
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

BIRTH NO. 2-120 51 0272				BALTIMORE CITY HEALTH DEPARTMENT		51 0272	
CERTIFICATE OF DEATH				Registered No.			
1. NAME OF DECEASED (Type or Print)		Florida Piddisord Davis		2. DATE OF DEATH		Jan 10 - 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		2112 Brookfield Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Md	
B. FULL NAME OF HOSPITAL OR INSTITUTION		(If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore 13-02	
c. Length of stay in Baltimore		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)		2112 Brookfield Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years, last birthday)	If Under 1 Year	If Under 24 Hours
M	W	Widow		Aug 24 - 1873	77	Months: Days	Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Davis & Davis		Wholesale Fruit & Produce		Howard Co Md		US	
13. FATHER'S NAME		Joseph H Piddisord		14. MOTHER'S MAIDEN NAME		Joan S. Sullivan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
No		213-14-2069		The Mary Hoffman		3032 Blomden	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
420.1		Coronary thrombosis		1 hour			
ANTECEDENT CAUSES		(A) DUE TO		(B) DUE TO		(C) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Arteriosclerosis		10 yrs.			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 24, 1950, to Jan. 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.							
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED			
Arthur H. Davis M.D.		800 W 33rd St.		Jan 10 - 51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Jan 12 - 51		Pine Grove		Md City Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JAN 11 1951		T. W. Williams, M.D.		J. E. Gore		2224 7th St	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Wilton Beall

2. DATE
OF
DEATH

1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fallston

D. STREET ADDRESS (If rural, give location)

Laurelbrook Road

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug. 23, 1886

9. AGE (in years last birthday)

64

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Beall

14. MOTHER'S MAIDEN NAME

Isabelle Emberton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

None

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alison M. Beall, Fallston, Md.

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of lung right

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1950 to Jan. 10, 1951, that I last saw the deceased alive on Jan. 10, 1951, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Jan. 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Jan. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Murphy-Roach Mortuary

24D. LOCATION (City, town, county) (State)

Folds, Ohio

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

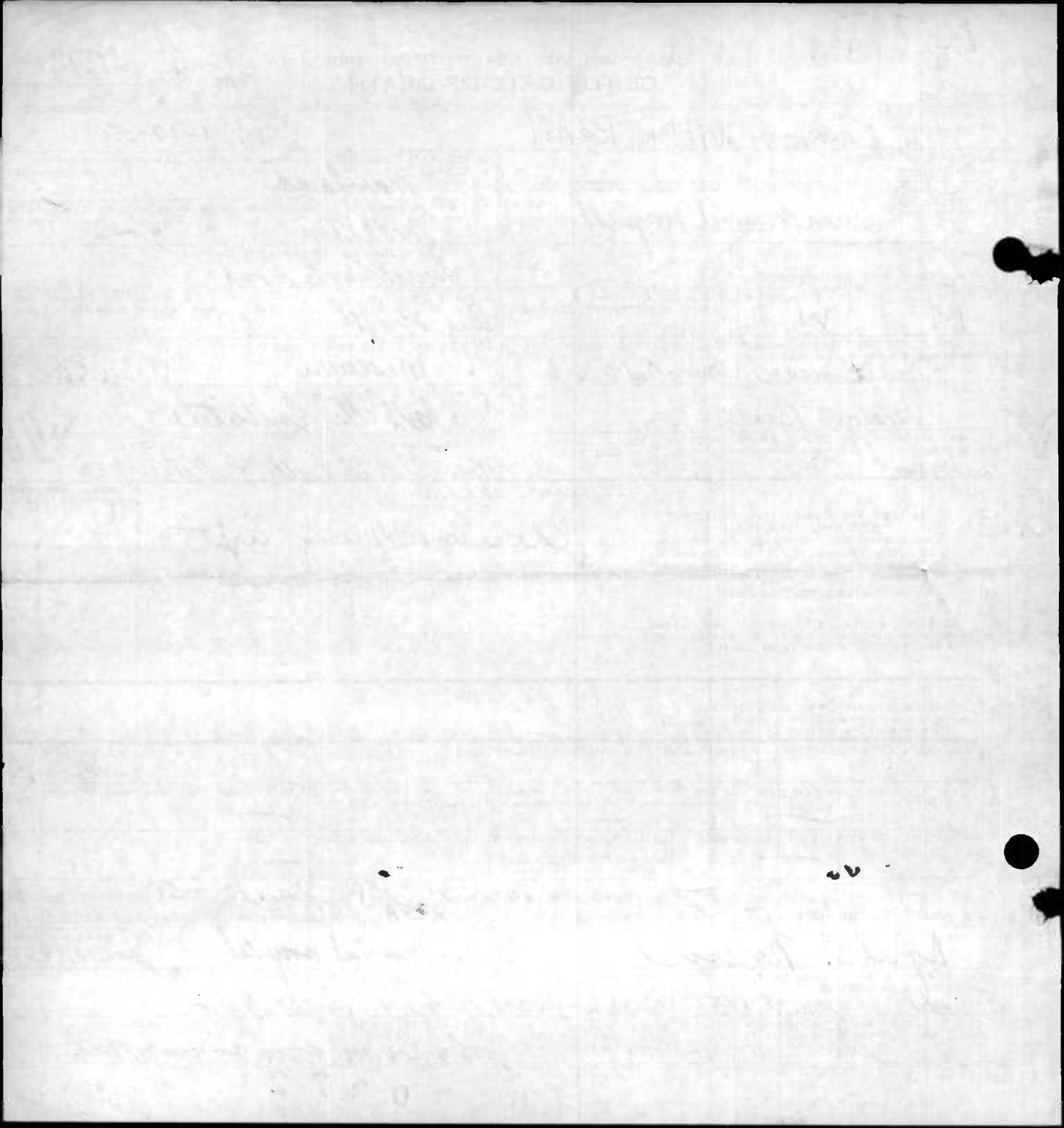
John Burne's Sons, Towson, Md.

JAN 11 1951

VS 150

5 70471 0 0 272

477



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be as fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-120
51 0274

-51 0274

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

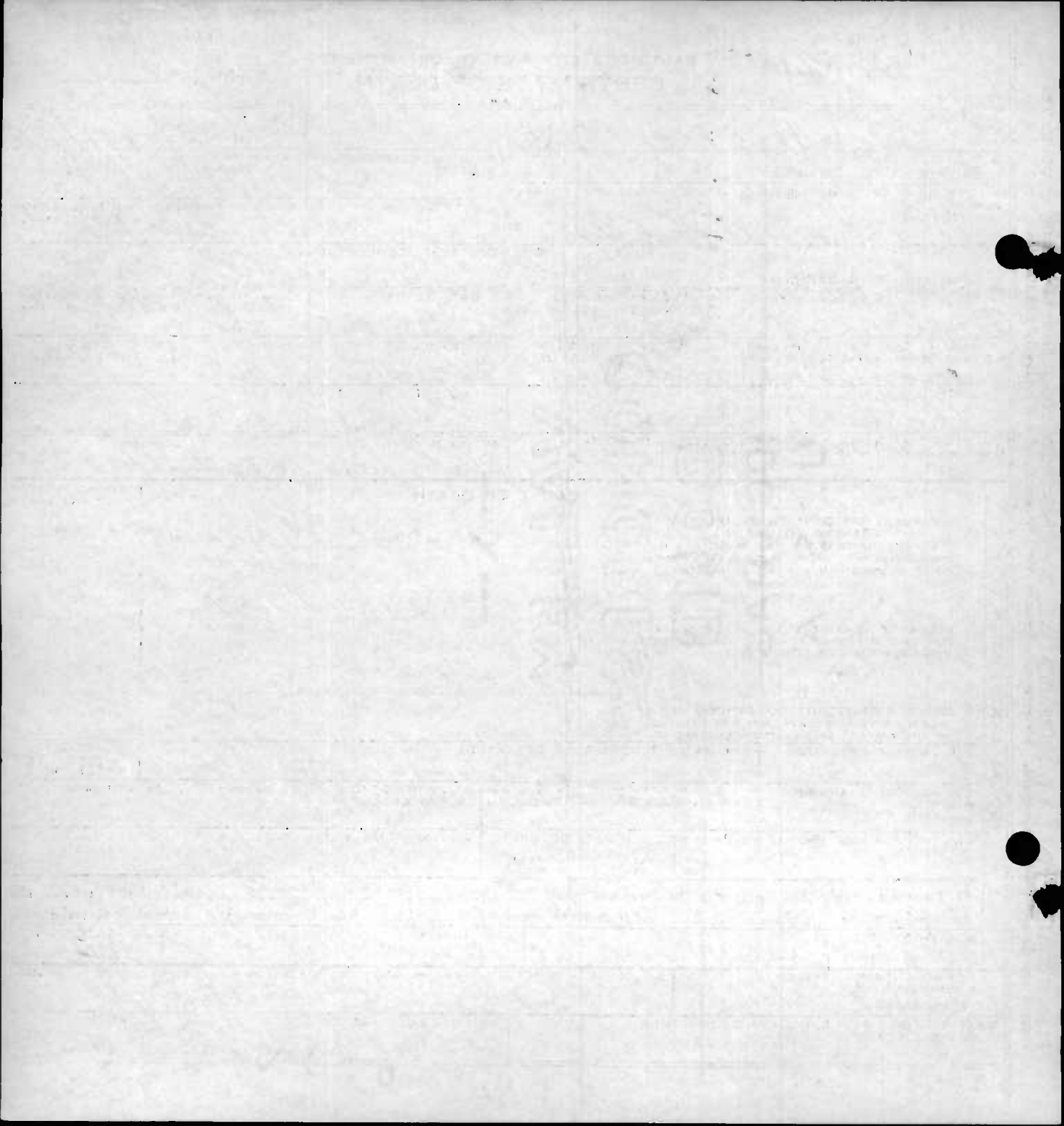
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>ALICE L. Davis</i>		2. DATE OF DEATH <i>1/8/1951 7:50 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1630 Guilford Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 12-05</i>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1630 Guilford Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE-MARRIED- WIDOWED-DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8/23/1865</i>	9. AGE (In years last birthday) <i>85</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Hagerstown Md</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>(Unknown) Doyle</i>		14. MOTHER'S MAIDEN NAME <i>Amanda (Unknown)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Ethel Davis 1630 Guilford Ave</i>	

18. <i>332X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerosis</i> DUE TO (B) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>old age</i> DUE TO (C) _____			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 4</i> , 19 <i>40</i> , to <i>Jan 8</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan 8</i> , 19 <i>51</i> , and that death occurred at <i>4 P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Corbett Mortimer Jr</i>		23B. ADDRESS <i>2706 St Paul St</i>	23C. DATE SIGNED <i>1/10/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/11/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>William M. Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc 137 St. Paul St.</i>	

JAN 14 1951

1 9 5 1 0 0 0 0

83B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/21/50 to 1/10/51, that I last saw the deceased alive on 1/10/51, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. PLACE OF DEATH

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1951

510000274

157E

From October 1st to November 1st
George W. Bush

George W. Bush

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0276
G-160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0276
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Louise A. Caffrey</i>			2. DATE OF DEATH <i>Jan 9th 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4700 Harford Rd</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 16-07</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3231 Westmont Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10/9/1868</i>	9. AGE (in years: last birthday) <i>82</i>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Honorary wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>N.Y. City N.Y.</i>	
13. FATHER'S NAME <i>Maurice Bequin</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Edmund J. Caffrey</i>			ADDRESS <i>731 Martin Drive</i>		

18. <i>470.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Arteriosclerotic heart disease</i> DUE TO (B) <i>Arteriosclerosis, generalized</i> DUE TO (C) <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i> <i>5 yrs.</i>
--	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/9/50</i> , 19__, to <i>1/9/51</i> , 19__, that I last saw the deceased alive on <i>1/8/51</i> , 19__, and that death occurred at <i>8 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Benj. A. Mors, M.D.</i>		23B. ADDRESS <i>448 N. Lamar Ave</i>		23C. DATE SIGNED <i>1/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/12/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <i>William H. Mors</i>	
24G. FUNERAL DIRECTOR <i>Wm. Bok Inc.</i>		24H. ADDRESS <i>1217 St. Paul St.</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR	

JAN 11 1951

51 0276

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-350

51 0277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0277
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emil Joseph Kadan

2. DATE
OF
DEATH

1/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hosp.

C. Length of stay in Baltimore

Life.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Taylor

13. FATHER'S NAME

Frank Kadan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

215-01-8604

8. DATE OF BIRTH

July 9, 1881

9. AGE (In years last birthday)

69

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Frances Hranicka.

17. INFORMANT

Dr. Kadan

ADDRESS

1308 Ramblewood

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive and arteriosclerotic cardiovascular disease

Interval between onset and death
Unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Myeloblastic Leukemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/3, 1950, to 1/9, 1951, that I last saw the deceased alive on 1/8, 1951, and that death occurred at 1 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Brender

23B. ADDRESS

Md. Sen. Shop.

23C. DATE SIGNED

1-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/12/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 11 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR, ADDRESS

HENRY SANDER & SONS, INC. BALTO., 13, MD.

VS 150

195904600276 74a

1917

1/1/17

Dear Mr. [illegible]

I have just received your letter of the 11th inst.

and am glad to hear from you.

I am sorry that I cannot give you a more definite answer.

I am sure that you will understand my position.

I am very sorry that I cannot do more for you.

I am sure that you will understand my position.

I am very sorry that I cannot do more for you.

I am sure that you will understand my position.

I am very sorry that I cannot do more for you.

I am sure that you will understand my position.

Yours very truly,

[illegible signature]

[illegible text]

[illegible text]

1917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-455
51 0278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0278

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FRANK NICHOLAS DILLMAN		2. DATE OF DEATH 1/10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 8-05	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1644 Darley Ave	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 2, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Meat co.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Matthew Dillman		14. MOTHER'S MAIDEN NAME Barbara Schrenker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 215-09-9736	
17. INFORMANT Mrs Anna E. Dillman		18. 332X	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) **Cerebral thrombosis, generalized arteriosclerosis and hypertension**

(B) _____

(C) **Marie-Strumpel arthritis**

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/3/51 , 19__, to 1/10/51 , 19__, that I last saw the deceased alive on 1/9/51 , and that death occurred at 6:30 A m., from the causes and on the date stated above.					
23A. SIGNATURE Thaddeus Siwinski M. D.		23B. ADDRESS St. Joseph's Hosp.		23C. DATE SIGNED 1/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1/13/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24F. ADDRESS BALTO., 13 MD. 7	

52340 0000 83B

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-563
51 0279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0279

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA VIRGINIA LEONHARDT

2. DATE
OF
DEATH

1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

506 D St.

5300

c. Length of stay in Baltimore

Life

96 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 9, 1854

9. AGE (In years last birthday)

96

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John N. Kirby

14. MOTHER'S MAIDEN NAME

Mary Anne Monroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT 506 D Street Baltimore, Md. 19
Mr. Alfred Halstead

18. 470.0 and E903.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial failure

DUE TO

per:

CERTIFICATION APPROVED BY
Wm. Kammer, M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension & arteriosclerosis

DUE TO

heart disease

(C) Fracture right femur

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Interventricular fracture, of femur

2 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

506 D St. Sparrows Point

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

8 Nov '50

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell in home. Slipped on rug and fell to floor

22. I hereby certify that I attended the deceased from 11-8, 1950, to 1-10, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 2:25 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. Alfred H. Arnold

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

10 Jan 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/12/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. Alfred H. Arnold

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

W. Sander

VS 150

195102002750937

1953

UNITED STATES DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION
WASHINGTON, D. C. 20250

VALLEY

CONCRETE BUILD

FOR THE
CONCRETE BUILDING

FOR THE

8-11-53

100% of the total

100% of the total

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-250
51 0280

51 0280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MINERVA JACKSON

2. DATE
OF
DEATH

7 Jan 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Good Samaritan Hosp.
27 N. Carey St

C. Length of stay in Baltimore

30yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Domestic

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Joseph Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

8. DATE OF BIRTH

2/15/1905

9. AGE (In years
last birthday)

45

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Henrietta

17. INFORMANT

ADDRESS

Arthur Black 615 S. Green St

18.

170 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of the breast,
right side.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive cardiovascular disease.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov 1950 to 7 Jan 1951, that I last saw the
deceased alive on 6 Jan 1951, and that death occurred at 3¹² P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Emil H. Henning M.D.

601 Wmians Way

8 Jan 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/11/51

Mt. Auburn

Balto. Md

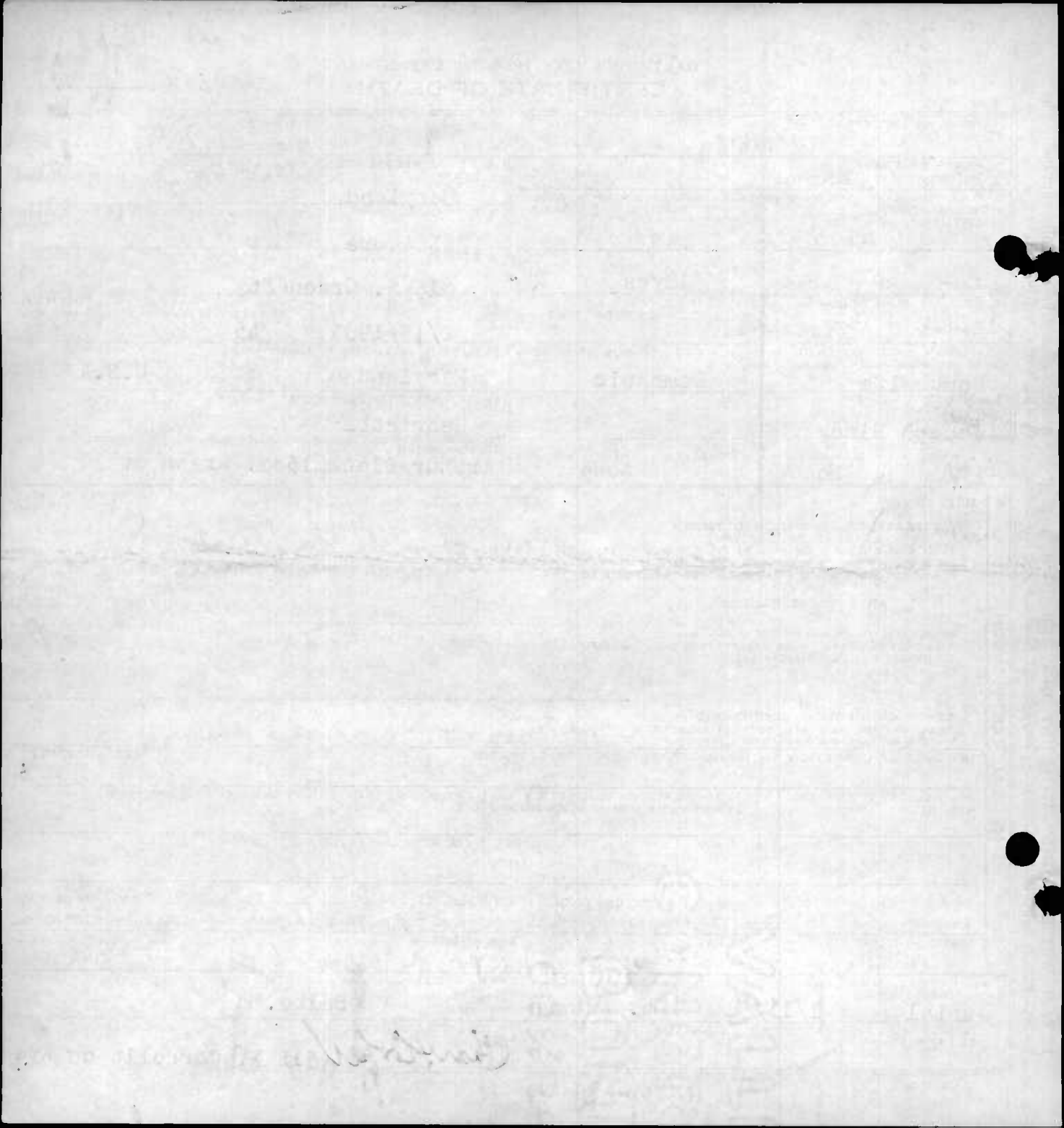
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles Cooper 512 N Carrollt on Ave



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-652

51 0281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0281
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANE PRINGLE

2. DATE
OF
DEATH

1/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1606 Madison Ave

C. Length of stay in Baltimore

20yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

13. FATHER'S NAME

Richard Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1606 Madison Ave

8. DATE OF BIRTH

4/5/1887

9. AGE (In years last birthday)

63

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Eastover, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Caroline Jones

17. INFORMANT

ADDRESS

Grace Lee, 1606 Madison Ave

18. 4 yrs. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from July 15, 1950, to Jan 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 7 AM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,
TOMB REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1951

1952 FA

937

WATER

Water

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

B-532 51 0282		Jef. 0320 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 0282 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BENTZ, PHYLLIS W.			2. DATE OF DEATH 1-8-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL 29 Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-20		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2814 CHESWOLD RD.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 20, 1921	9. AGE (In years last birthday) 29	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME PHILLIP WICKERMAN		
14. MOTHER'S MAIDEN NAME WILHELMINA DERR			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO. 220-09-6683			17. INFORMANT Richard P. Bentz		
18. 410X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIAC STANDSTILL DURING MITRAL COMMISSUROTOMY DUE TO MITRAL STENOSIS; AURIC. FIBRILLATION DUE TO RHEUMATIC HEART DISEASE, INACTIVE, (P/F) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			19. MAJOR FINDINGS OF OPERATION MITRAL STENOSIS		
19A. DATE OF OPERATION 1-8-51			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-17-50 to 1-8-51 that I last saw the deceased alive on 1-8-51 and that death occurred at 3:15 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Wm. Carl Ebeling		23B. ADDRESS University Hops.		23C. DATE SIGNED 1-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan 12, 1951		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. NAME OF CEMETERY OR CREMATORY Parkwood Cem		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1951		REGISTRAR'S SIGNATURE Wm. Carl Ebeling		25. FUNERAL DIRECTOR Charles P. Towell	
25A. ADDRESS 2437 Edmondson Ave		25B. ADDRESS 2437 Edmondson Ave		25C. ADDRESS 2437 Edmondson Ave	
VS 150 Wm. Carl Ebeling 10000281 92B					

14-51

Best of luck

University Hospital

14-51

2nd Floor
Room 14-51

14-51

14-51

14-51

14-51

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14-51

14-51

14-51

Wm. C. Bell

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-526 0283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0283

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Clarence I. Romoser

2. DATE
OF
DEATH

Jan. 9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

403 Lyndhurst St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steam Fitter

10B. KIND OF BUSINESS OR INDUSTRY

Lloyd E. Mitchell

13. FATHER'S NAME

Clarence Romoser

CONF.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes World War I

16. SOCIAL SECURITY NO.

213 10 0432

17. INFORMANT

2 Mrs. Jennie E. Romoser, 403 Lyndhurst St.

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 months

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 9, 1950, to Jan 9, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 6 pm., from the causes and on the date stated above.

23A. SIGNATURE

L. A. Lally

23B. ADDRESS

3517 Edmondson Avenue

23C. DATE SIGNED

Jan 10 1951

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 12/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National, 5501 Frederick Rd. Balto. Md.

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Wiethe 4101 Edmondson Ave.

JAN 11 1951

1 9 5 1 5 0 4 2 4 0 2 8 2

94a

DECLARATION OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

1981

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0285
Registered No.

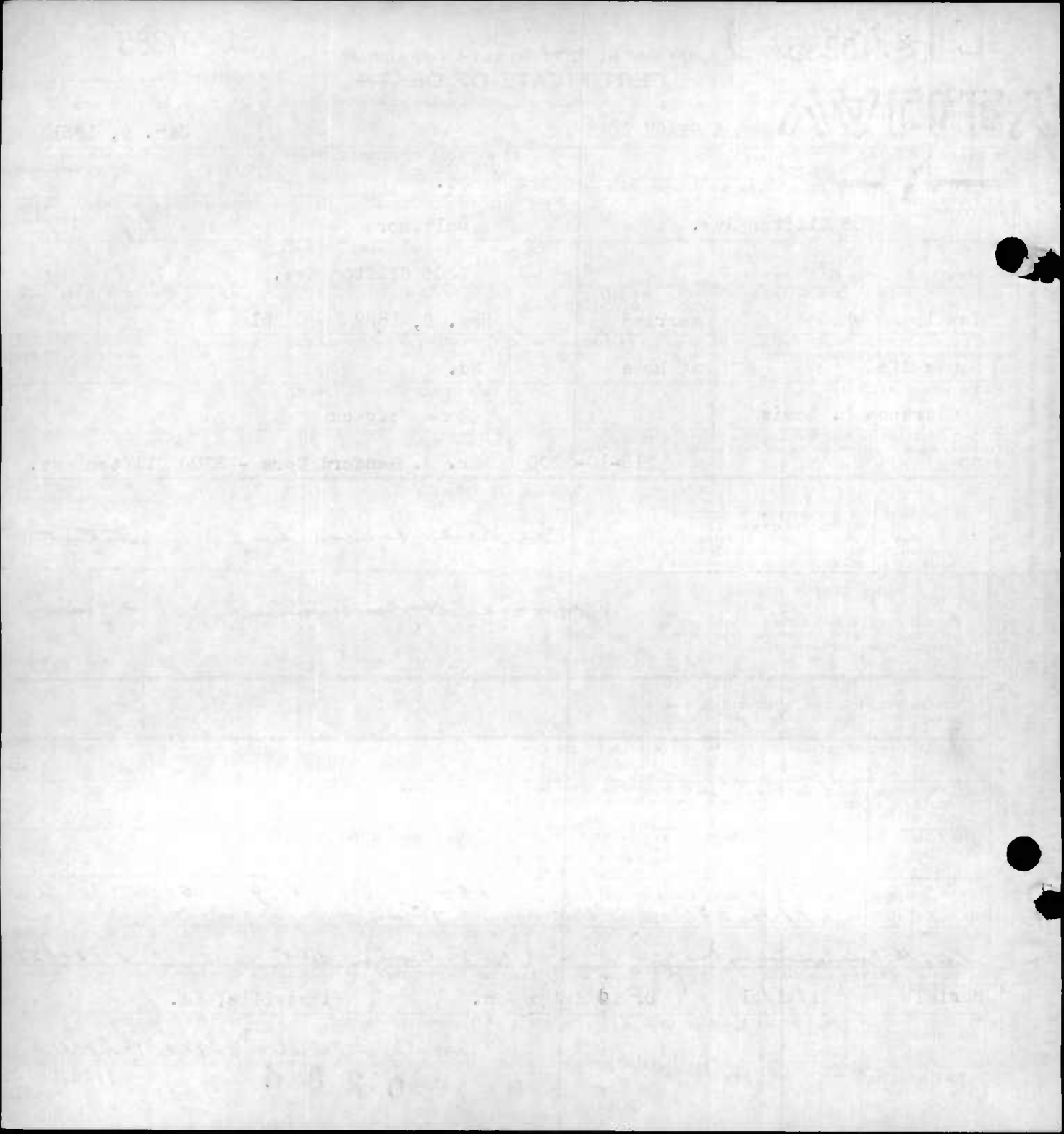
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ADA GRACE CORE		2. DATE OF DEATH Jan. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3306 Clifton Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3306 Clifton Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 8, 1899	9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Clarence N. Lewis				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 219-10-0208		14. MOTHER'S MAIDEN NAME Emma Peacock	
17. INFORMANT Mr. G. Sanford Core - 3306 Clifton Ave.				ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 331X I DUE TO (A) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Some Hypertension DUE TO (C) 2 year II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947, 19 to 1/9, 1951, that I last saw the deceased alive on 1/4, 1951, and that death occurred at 7:30 am., from the causes and on the date stated above.					
23A. SIGNATURE W. H. Dornland Jr.		23B. ADDRESS M. D. 14 E. Egan St		23C. DATE SIGNED 1/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/11/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) Pikesville, Md.		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons - Balt. Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wm. J. Pickens & Sons		ADDRESS	

JAN 11 1951

51 0285

83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

0-425
51 0286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0286

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Madeleine H. Olsen			10 January '51		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp. & Inf.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06		
c. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) 2902 Walbrook Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 8, 1903		9. AGE (In years last birthday) 47		10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Percy Harris				14. MOTHER'S MAIDEN NAME Maude Nagle				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Thomas S. Olsen 2902 Walbrook Ave.		

MEDICAL CERTIFICATION

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Esophageal varices DUE TO hemorrhage (B) DUE TO Portal cirrhosis (C)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9 January 1951, to 10 January 1951, that I last saw the deceased alive on 10 Jan. 1951, and that death occurred at 8:58 A.M., from the causes and on the date stated above.								
23A. SIGNATURE L. H. Greenstein M. D.			23B. ADDRESS Sinai Hosp.			23C. DATE SIGNED 10 Jan '51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 1/13/51			24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		
24D. LOCATION (City, town, or county) Woodlawn, Md.			24E. STATE Md.					
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE L. H. Greenstein			25. FUNERAL DIRECTOR ADDRESS Wm. J. Tiekner & Sons - Baety Md.		

JAN 11 1951
VS 150

1951 0000285

12412

RECEIVED 10 21 1947

P2

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0287
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Barnum

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:
a. Baltimore City, Maryland

1st fl 27

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 16-02

d. STREET ADDRESS (If rural, give location)

630 N. Carey St

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-3-16

9. AGE (In years, last birthday)

34

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Green

14. MOTHER'S MAIDEN NAME

Amy Harley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

THE JOHNS HOPKINS HOSPITAL

18. 193 X 002 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) TUMOR OF 3rd ventricle 1 year

DUE TO

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis 2 years

19a. DATE OF OPERATION

1-9-51

19b. MAJOR FINDINGS OF OPERATION

Tumor obstructing aqueduct of Sylvius

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1951, to 1/10, 1951, that I last saw the
deceased alive on 1/9, 1951, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE

Robert E. Green

23b. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

Jan 10, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

1/11/51

24c. NAME OF CEMETERY OR CREMATORY

Lincoln Memorial

24d. LOCATION (City, town, or county)

Wash. D.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 11 1951

25. FUNERAL DIRECTOR

1932 U St. N. W. Wash. D.C.

ADDRESS

19510000286

54B

See Document File 51-0287
for complete anatomical diagnosis
2/1/1951 ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

436

WALther
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0288

BIRTH NO. 0288

1. NAME OF DECEASED (Type or Print) <u>HARRY WALTHER</u>		2. DATE OF DEATH <u>January 9, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3733 Cylburn Avenue</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>1258 Battery Ave</u> <u>2733 Cylburn Avenue</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 4 1870</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Foreman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Postal Clerk P.O.</u>	
13. FATHER'S NAME <u>Ernest W. Walther</u>		14. MOTHER'S MAIDEN NAME <u>HALL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>217-22-345-2</u>	
17. INFORMANT (Son) <u>Mr Ernest W. Walther</u>		ADDRESS <u>3605 Paulding Ave</u>	

MEDICAL CERTIFICATION

18. <u>E903.6</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary embolus</u> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>Jan 12 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>Massive bleed</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Massive bleed</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>215 N. Charles St. 4/1</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec 18, 1950</u> m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell to floor & fractured right wrist</u>	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Stanley B. Dunsicker</u> M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <u>Jan. 9, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan. 12/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>Loring Byers</u> ADDRESS <u>5005 Park Heights Ave</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 11 1951</u>		REGISTRAR'S SIGNATURE <u>Walter Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Loring Byers 5005 Park Heights Ave</u>	

VS 151

N-814.0

510000287

186a ✓

If he was retired (80 yrs old)
why is "while at work" checked?

As pulmonary embolus may be
considered a complication of
the fall — why is external
cause checked as merely contributory?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0289

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta M.E. Schmeisser

2. DATE

OF

DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1618 Shadyside Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 Shadyside Road

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 28, 1877

9. AGE (In years last birthday)

73

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Schleuning

14. MOTHER'S MAIDEN NAME

Christine Etlinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. Klein, 1618 Shadyside Rd

1B.

331X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Haemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19 to 1-10, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

G. L. Ewald

M. D.

23B. ADDRESS

36 York Ct.

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JAN 11 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

11-2-11
100860
BOND
COMMON
AFTER

General Management

10-01-1 1-10 0481 1-10 01-1 1-10 01-1 1-10 01-1

Dr. Ewald
36 York Court.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

610
0290

BALTIMORE CITY HEALTH DEPARTMENT

51 0290

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret A.
MAGGIE MURPHY

2. DATE
OF
DEATH

9 Jan 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Good Samaritan Hosp
27 W. Carey St

c. Length of stay in Baltimore

82 Yrs.
19 Mos.
9 Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Patrick Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Mar. 3, 1868

9. AGE (In years last birthday)

82

If Under 1 Year Months Days Hours Min.

10 1

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Margaret Cullen

17. INFORMANT

Vincent W. Malone

ADDRESS

2403 W. Lexington

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of stomach

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 21 Dec, 1950, to 9 Jan, 1951, that I last saw the deceased alive on 5 Jan, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Hemming Jr.

23B. ADDRESS

601 W. W. Way

23C. DATE SIGNED

10 Jan 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/12/51

24C. NAME OF CEMETERY OR CREMATORY

St. Catharine Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 11 1951

REGISTRAR'S SIGNATURE

Franklin Williams

25. FUNERAL DIRECTOR

Almer W. Conlin 924 E. Cager St

ADDRESS

1000

1000

1000

1000

1000

1000

1000

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK C. ERHARDT

2. DATE
OF
DEATH

JAN. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO. Co.

D. STREET ADDRESS (If rural, give location)

523 ANNESLIE RD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3025 WINDSOR AVE

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 17, 1871

9. AGE (In years,
last birthday)

79

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

VALVE MFG.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM ERHARDT

14. MOTHER'S MAIDEN NAME

JOHANNA STROHECKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

217-05-5459

17. INFORMANT

ADDRESS

MRS. J. L. HOGARTH SAME

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

Generalized Hypertension
Cardio Renal-Vascular
Disease

15 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 1946 to Jan 1951 that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 5:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

1-13-1951

NEW CATHEDRAL

BALTO.

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1951

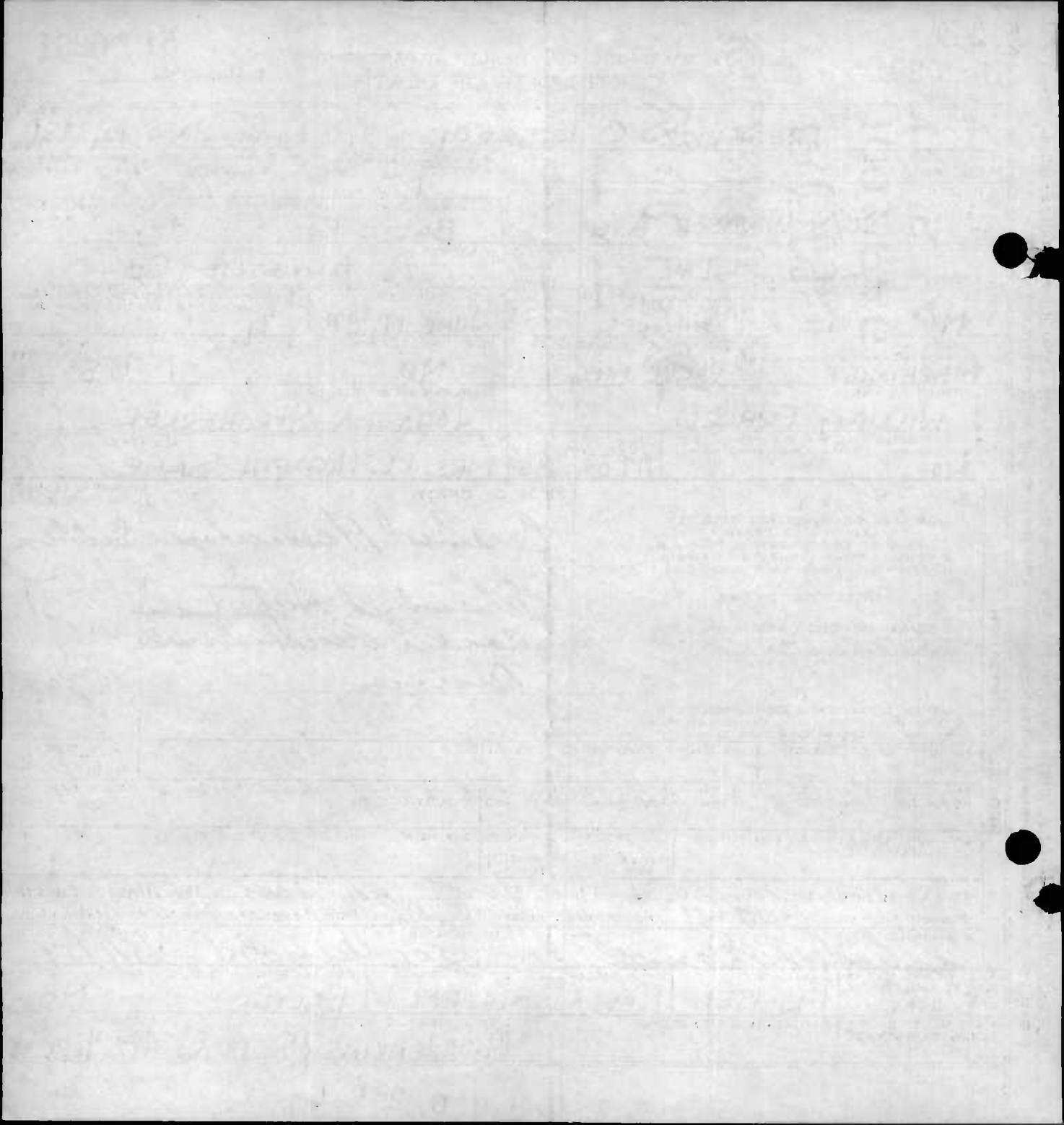
Handwritten signature

H. W. JENKINS & SONS Co. 4905 YORK RD.

VS 150

9510000290

131a



PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0292
Registered No. 51 0292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) JAMES HOWARD ROSE

2. DATE OF DEATH Jan. 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Virginia B. COUNTY V-43

B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Foxwell

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 20 days
Yrs. Mos. Days

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9/17/85 9. AGE (In years last birthday) 65
If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman 10B. KIND OF BUSINESS OR INDUSTRY Seafarer

11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Rose

14. MOTHER'S MAIDEN NAME Mary Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT ADDRESS Records-US Marine Hospital, Balto, Md.

18. 162X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of left upper lobe of lung with extension to left chest wall.
DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1950, to Jan. 10, 1951, that I last saw the deceased alive on Jan. 10, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Medical Director M. D.

23B. ADDRESS US Marine Hospital, Balto, Md.

23C. DATE SIGNED 1/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 1-12-51

24C. NAME OF CEMETERY OR CREMATORY Whitestone Baptist

24D. LOCATION (City, town, or county) (State) Whitestone, Va.

DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1951

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Sons 1900 Eutaw Place

1947, 1948, 1949

1950, 1951, 1952

1953, 1954, 1955

1956, 1957, 1958, 1959, 1960

1961, 1962, 1963, 1964, 1965

1966, 1967, 1968, 1969, 1970

1971, 1972, 1973, 1974, 1975

1976, 1977, 1978, 1979, 1980

1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990

1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000

2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010

2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0293

Registered No.

51 0293

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christie Porter Christie Porter

2. DATE
OF
DEATH

1-9-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp & al

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

Acute myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO

Pub. Edeema

(C) ...

Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 1-9-57, to 1-9-57, 19, that I last saw the
deceased alive on 1-9-57, 19, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-13-57

Poplar

Poplar Springs, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1957

Hamilton Williams, Jr.

F.C. Higinbotham, Ellicott City, Md.

VS 150

1 9 5 1 0 2 2 2

61

[-]-[-]

[-]-[-]

[-]

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Webster

2. DATE

OF
DEATH

I/9/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1201 Young Court

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/20/1902

9. AGE (In years last birthday)

48

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Littleton N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Lewis Harrison

14. MOTHER'S MAIDEN NAME

Laura Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Buttler 1201 Young Court

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

2 wks

1 day

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12:26, 1951 to 1:9, 1951, that I last saw the deceased alive on 1:9, 1951, and that death occurred at 3P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/14/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1951

Wm. L. Perry

Elroy O. Wilson 1000 Brantley Ave

VS 150

19510200293

108

REVISED

The following

is a list of

the names of

the persons

who have been

admitted to the

membership of the

association since

the last meeting

of the association

on the 1st of

January, 1900.

The names of the

persons who have

been admitted to the

membership of the

association since the

last meeting of the

association on the

1st of January,

1900, are as follows:

The names of the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

250

51 0295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0295

Registered No. 1

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachels Matilda Jackson

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

524 Johannsen Street

B. FULL NAME OF HOSPITAL OR INSTITUTION

524 Johannsen Street

c. Length of stay in Baltimore 60 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

II/6/1875

9. AGE (In years last birthday)

75

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Prince George Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William

Hardy

14. MOTHER'S MAIDEN NAME

Mary

Dyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry S. Bailey 524 Johannsen St

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ...
DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO

Hypertension

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1951, to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

June 2, 1951

M. D.

1115 Penn Ave

1/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

I/13/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1951

William H. Williams, M.D.

Elroy O. Wilson 1000 Brantly Ave

VS 150

19510000294

83a

COMMISSION

101

AMERICAN

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary M. Kelly

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 603 Lennox St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

603 Lennox St.

c. Length of stay in Baltimore

77 Years

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

June 6, 1872

9. AGE (In years;
last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Simon Kelly

14. MOTHER'S MAIDEN NAME

Anastasia Cahill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL
SECURITY NO.
No

17. INFORMANT ADDRESS
Helena Scott-603 Lennox St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Generalized arteriosclerosis

7

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949, to Jan 10, 1951, that I last saw the
deceased alive on Jan. 8, 1951, and that death occurred at 5 - m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, or other (Specify)

24B. DATE

1-13-51

24C. NAME OF CEMETERY OR CREMATORY

ST. Mary's Govans

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. Legum
1261 E. North Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Physicians: please write the causes of death clearly and correctly. correct age is especially important.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edna Gladys Fish

2. DATE
OF

DEATH Jan. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

333 S. Monroe St.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

333 S. Monroe St.,

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 30, 1900

9. AGE (in years last birthday)

50

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Grafton Brewer

14. MOTHER'S MAIDEN NAME

Georgia Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Franklin R. Fish 333 S. Monroe St.,

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage
DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) -
DUE TO -
(C) -

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January, 1950, to Jan 9, 1951, that I last saw the deceased alive on 1-8, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marion S. Schreiber

23B. ADDRESS

548 S. Fulton Ave

23C. DATE SIGNED

1-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-12-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Marion S. Schreiber

25. FUNERAL DIRECTOR

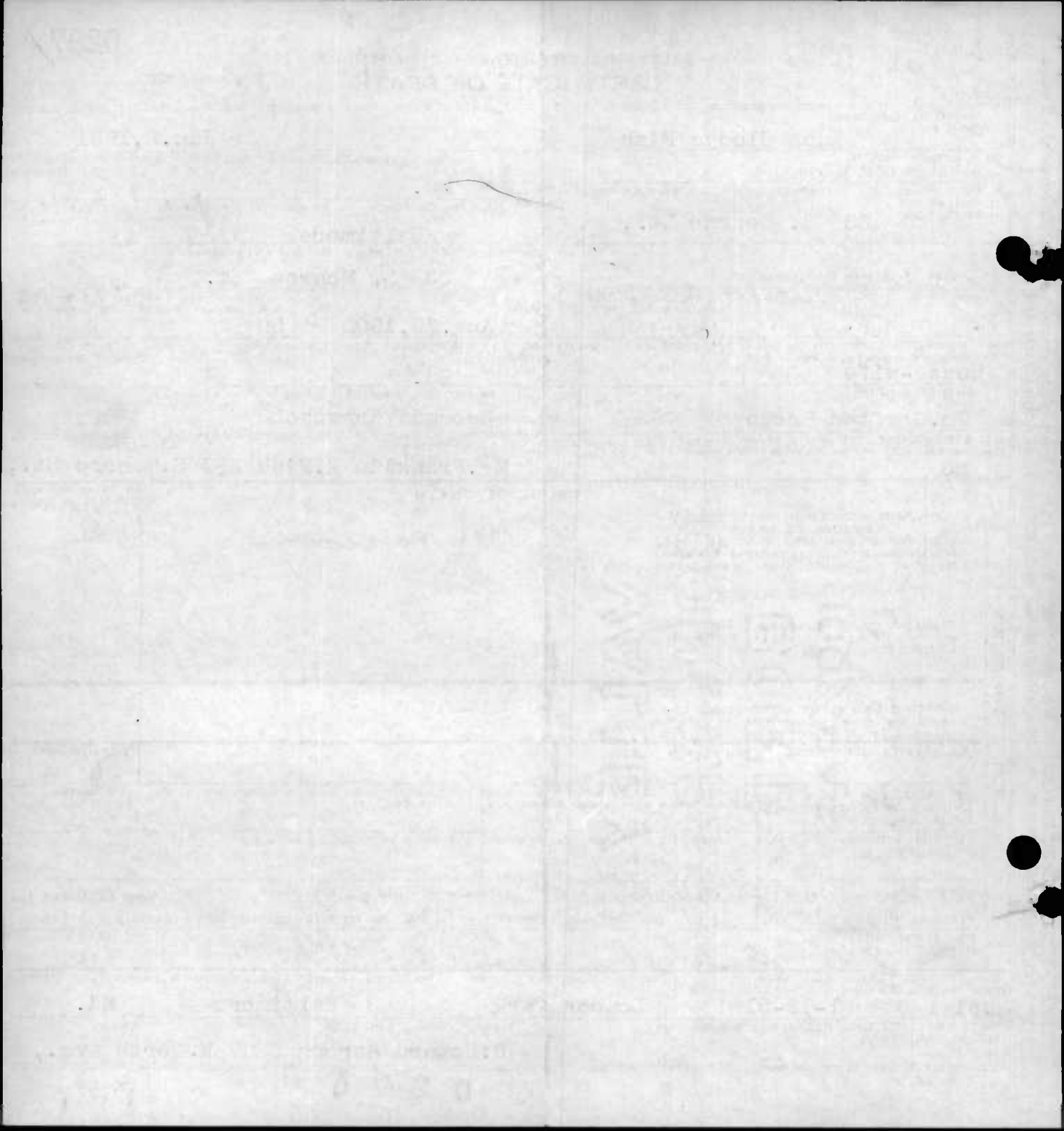
ADDRESS

G. Howard Strong 3207 W. North Ave.,

JAN 11 1951

510000296

83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0298

Scheppske
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0298

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Scheppske

2. DATE
OF
DEATH

1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1143 Ward St.,

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/2/1874

9. AGE (In years
last birthday)

77

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Riveter

10B. KIND OF BUSINESS OR
INDUSTRY

Coppers Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katherine Scheppske 1143 Ward St

18. *331X I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Cerebro-vascular accident
probably right*

15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *1-3-51* 1951, to *1-10*, 1951, that I last saw the
deceased alive on *1-10*, 1951, and that death occurred at *11* ^{pm} m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Broadus

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-13-51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

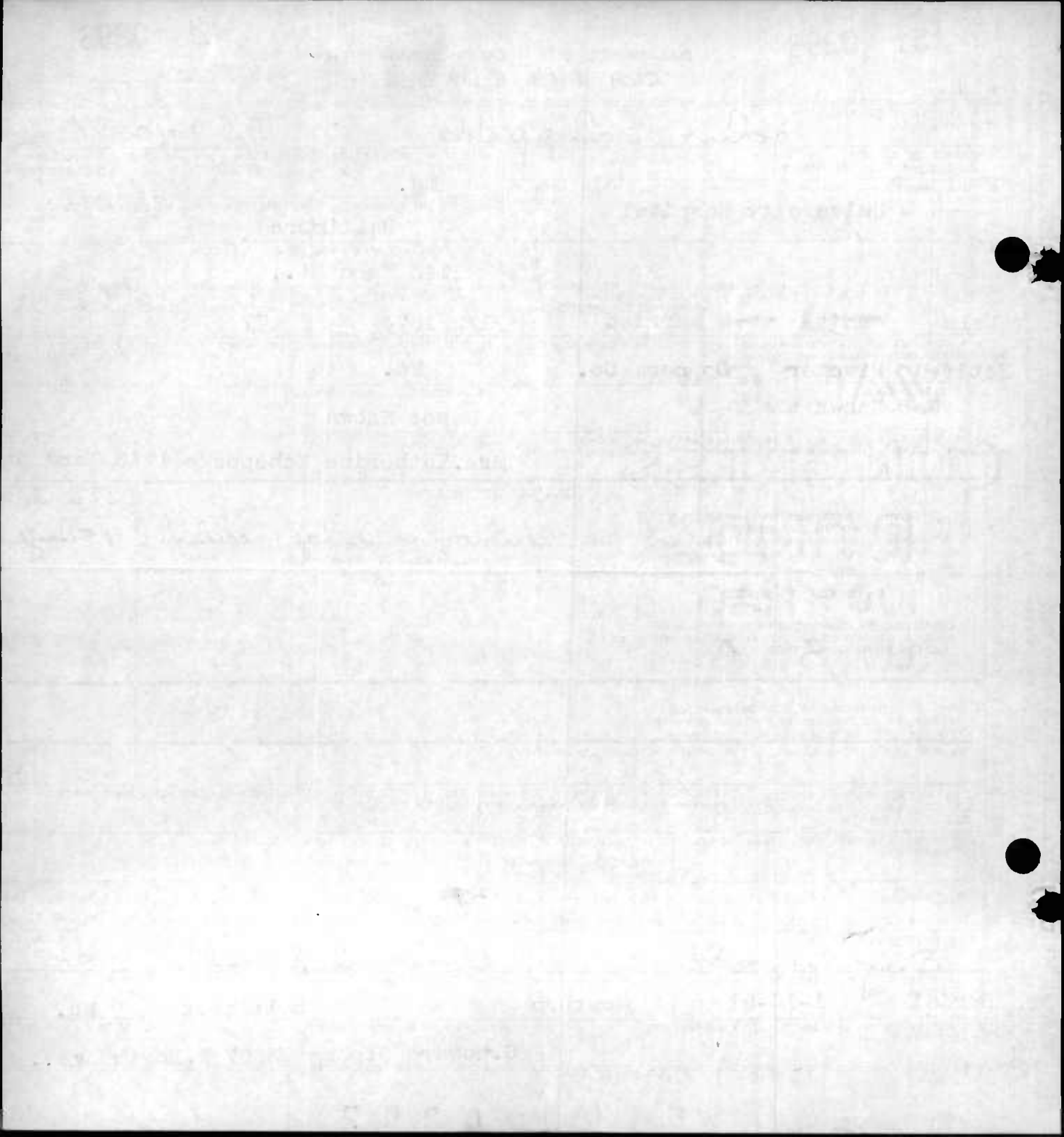
ADDRESS

G. Howard Strong 3207 W. North Ave.,

JAN 11 1951
VS 150

1 2 5 1 0 0 0 2 2 7

83a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-425
51 0299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nova Gibson

2. DATE OF DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Wm. Cl. A. 2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1214 Whatcoat St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-24-98

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Venable

14. MOTHER'S MAIDEN NAME

Emma Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. *153X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinomatosis peritonei*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Adenocarcinoma rectosigmoid colon*

DUE TO

(C)

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan 10, 1951

19B. MAJOR FINDINGS OF OPERATION

Ascites (paracentesis)

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1/9*, 19*51* to *1/10*, 19*51*, that I last saw the deceased alive on *1/10*, 19*51* and that death occurred at *12:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Lawrence R. Robertson

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Creek Cemetery

24D. LOCATION (City, town, or county)

Cumberland Co Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

Schneider St.

JAN 11 1951

VS 150

19510000290

46E

[Faint, illegible text, likely bleed-through from the reverse side of the page]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0300**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH GERLACH

2. DATE OF DEATH

JAN. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1933 WILHELM ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

20-03

D. STREET ADDRESS (If rural, give location)

1933 WILHELM ST.

C. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT. 3, 1885

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

BENJAMIN HARMAN

14. MOTHER'S MAIDEN NAME

MARTHA E BAIRD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

CHARLES GERLACH 1933 WILHELM ST.

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis 15 MINUTES

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease 4 1/2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **JULY 17, 1946** to **JAN 10, 1951**, that I last saw the deceased alive on **JAN 10, 1951**, and that death occurred at **10:50 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Alfred Cole

M. D.

23B. ADDRESS

136 S. Hilton St.

23C. DATE SIGNED

JAN 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

JAN. 13, 1951

Meadowridge Memorial

Howard County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1951

William H. Williams

George L. Schwab 2101 Frederick Ave.

VS 150

1951 072910 299

937

NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH		MANNER OF DEATH	
AGE		SEX	
RACE		RELIGION	
EDUCATION		OCCUPATION	
MARRIAGE		MILITARY SERVICE	
PREVIOUS MARRIAGES		PREVIOUS DEATHS	
CAUSE OF DEATH		MEDICAL HISTORY	
TREATMENT		HISTORICAL RECORD	
FAMILY HISTORY		SOCIAL HISTORY	
PERSONAL HISTORY		PHYSICAL EXAMINATION	
LABORATORY TESTS		PATHOLOGICAL FINDINGS	
POST-MORTEM EXAMINATION		AUTOPSY REPORT	
BURIAL RECORD		CEREMONY RECORD	
FUNERAL RECORD		CLOSING RECORD	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0301
Registered No.

BIRTH NO. 51 0301

1. NAME OF DECEASED (Type or Print) Albert Dunn		2. DATE OF DEATH 1-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2014 E. Fairmount Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 6-04	
c. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2014 E. Fairmount Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-20-95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Baltimore	
10B. KIND OF BUSINESS OR INDUSTRY General		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Dunn		14. MOTHER'S MAIDEN NAME Elizabeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Marie Dunn		ADDRESS 2014 Fairmount Ave	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 199.1 DUE TO	CAUSE OF DEATH Relapsing Tuberculosis and Tubercular Peritonitis Probably malignancy of abdominal organs with metastases to lung	INTERVAL BETWEEN ONSET AND DEATH ? ? (over)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 9, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE M. R. Johnson		23B. ADDRESS 403 Med Arts Bg		23C. DATE SIGNED 1-10-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-12-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William M. Williams	25. FUNERAL DIRECTOR L. J. Zeller	ADDRESS 403 S. Wolfe Street

JAN 11 1951

1951 0970990 800

55E

See Document File 51-0301

2/28/51

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0302

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY REINSFELDER

2. DATE
OF

DEATH January 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3223 Foster Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

6-2-64

9. AGE (In years

last birthday)

86

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Frank Winterling

14. MOTHER'S MAIDEN NAME

Veronica

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Christine Fiedler

ADDRESS

3210 Foster Avenue

18. E9000

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple fractures and contusions

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Crushing injury of chest

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3223 Foster Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 1, 1951 ? m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down steps in home

22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-13-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-862925 10000301

186a

MEDICAL CERTIFICATION

EMERYVILLE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

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DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Physicians: please write the causes of death clearly and correctly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0303
Registered No.

AB-144525

BIRTH NO.

620
X-64307

1. NAME OF DECEASED
(Type or Print)

Timothy John Carrick

2. DATE
OF
DEATH 1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Frank Carrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural) Dundalk

D. STREET ADDRESS (If rural, give location)

22 Portship Road

5300

B. DATE OF BIRTH

Dec. 5-1946

9. AGE (In years last birthday)

4

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary McNamara

17. INFORMANT Baltimore City Hospitals
Records- 4940 Eastern Ave.

18. 753.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congenital cerebral Defect

4 Yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

1 Yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-26-1950 to 1-10-1951, that I last saw the deceased alive on 1-10-1951, and that death occurred at 7.15AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Balto., Md.

1-11-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Rural

1/12/51

Cathedral Cmn

Balto

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

Wm. Williams, Jr.

Willard Funeral Home 2004 Calumet

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0304
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL J. JANOWIAK

2. DATE
OF
DEATH

January 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore #45 Triangle Hotel

D. STREET ADDRESS (If rural, give location)

100 W. Lombard St.

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

April 25, 1914

9. AGE (In years last birthday)

36

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Seamen

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Janowiak

14. MOTHER'S MAIDEN NAME

Mary Kleinsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-16-5996

17. INFORMANT

ADDRESS

Leon Janowick 131 N. Washington St.

18. E916.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) First, second, and third degree burns
of entire body

ANTECEDENT CAUSES

(B) Acute alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Building

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Hanover and Lombard Streets 4/1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 10, 1951 3:45 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Conflagration

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Smith

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER

January 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 13-1951

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN MEMORIAL

24D. LOCATION (City, town, or county)

GLENBURNIE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Smith

25. FUNERAL DIRECTOR

ADDRESS

George A. Weber 705 S. Ann St.

VS 151

N-948.12 51 0673 55 303

180 ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0305

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank John Getek

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

602 S. Kenwood Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov, 22, 1901

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

Eskay

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vincent Getek

14. MOTHER'S MAIDEN NAME

Catherine Rarus

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
213-05-2568

17. INFORMANT

ADDRESS

Josephine Getek 602 S. Kenwood Ave

18. 463 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolism 1 min.
DUE TO thrombophlebitis of
femoral veins

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/1950 to 1/10/1951 that I last saw the
deceased alive on 1/10/1951, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Maddeus Siwinski

M. D.

23B. ADDRESS

1500 N. Caroline Street

23C. DATE SIGNED

1/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan, 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 12 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

George A. Weber

ADDRESS

706 S. Ann St

VS 150

19510000304

100 B

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of informant</p>		<p>12. Signature of witness</p>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0306
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) EDNA ELLIS

2. DATE OF DEATH January 2, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

University Hospital

Baltimore

D. STREET ADDRESS (If rural, give location)

640 Sarah Ann Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

36

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

N

K

11. BIRTHPLACE (State or foreign country)

N

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

N

17. INFORMANT

ADDRESS

(Yes, no or unknown)

(If yes, give war or dates of service)

N

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....

Jan. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

Commissioner of Health

VS 151

305

46F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-523 51 0307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0307
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. PINKETTE

2. DATE OF DEATH January 5, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

212 N. Colvin Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

50

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

W

16. SOCIAL SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William A. Pinkette

23B. CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL JAN 11 1951

Commissioner of Health

937 ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WM. G. GROSS

2. DATE
OF
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

773 W. Mulberry St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

78

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anterograde Cardiovascular
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
1/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

JOHN HOPKINS MEDICAL SCHOOL JAN 11 1951
Commissioner of Health

937 ✓

CERTIFICATE OF DEATH

CAUSE OF DEATH

143
51 0309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0309
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN GROVERMAN HOBLITZELL

2. DATE
OF
DEATH

9 JAN. 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Hopkins Apts.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

00

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

FEMALE

White

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Richard H. Groverman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC C. V. DISEASE. 1947.
DUE TO CHRONIC MYOCARDITIS.

(C) SENILITY.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October, 1947, to 9 Jan., 1951, that I last saw the deceased alive on 9 Jan., 1951, and that death occurred at 10:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr.

23B. ADDRESS

5 West 29th St.

23C. DATE SIGNED

9 Jan 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-12-50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn,

Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 12 1951

REGISTRAR'S SIGNATURE

William

25. FUNERAL DIRECTOR

John O. Mitchell Home 1900 Eutaw Pl.

ADDRESS

1000

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be correct and important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0310

456
ND-144724
51-00057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Palmer

2. DATE
OF
DEATH

Jan. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1631 Moreland Ave. (16)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 2, 1951

9. AGE (In years last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gerald Palmer

14. MOTHER'S MAIDEN NAME

Alma Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Atelectasis

DUE TO

Eight
Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

Eight
Hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1951 to 1-2, 1951 that I last saw the deceased alive on 1-2, 1951 and that death occurred at 11:25 pm from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

1-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

1-4-51

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

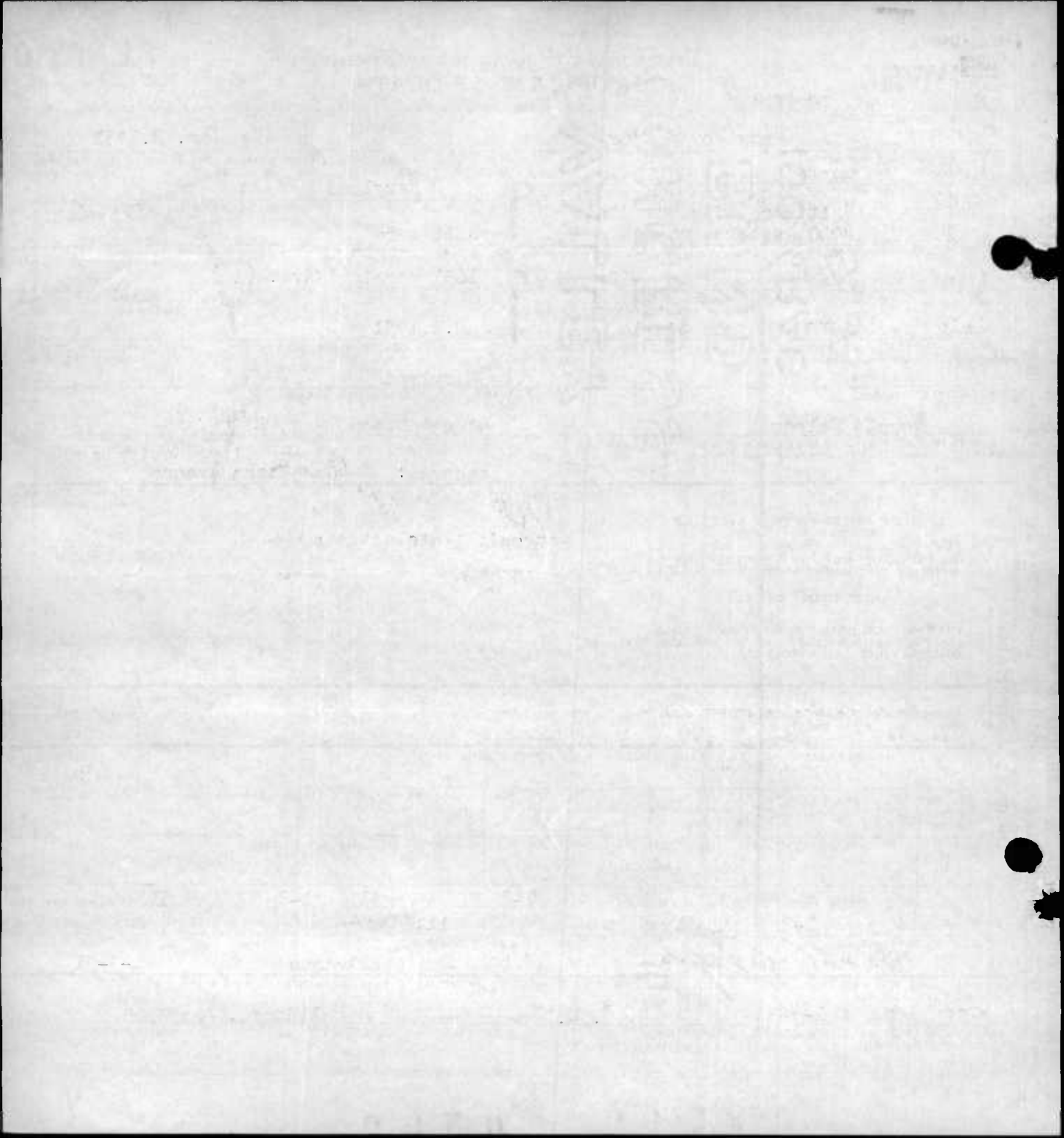
ADDRESS

JAN 12 1951

VS 150

1951 0000300

159



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0311

BIRTH NO. 51-00798

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Wren</i>		2. DATE OF DEATH <i>January 10, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1705 Linden Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-9-51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i> If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Wren</i>		14. MOTHER'S MAIDEN NAME <i>Margaret</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>776X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Non Viable Fetus -</i> DUE TO (B) <i>wt 470 gms -</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-9</i> , 19 <i>51</i> , to <i>1-10</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-10</i> , 19 <i>51</i> , and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Gustafson</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	
25. FUNERAL DIRECTOR		ADDRESS	

VS 150

Hosp. Disposal

51000310

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-560 HOSP. DISPOSAL		KNAUER	
BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT	
51 0312		51 0312	
BIRTH NO. 51-00023		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Knauer</i>		2. DATE OF DEATH <i>January 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>27-38</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1675 Northern Parkway</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-2-51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>5</i>	11. BIRTHPLACE (State or foreign country) <i>md.</i>
13. FATHER'S NAME <i>Dr. William Knauer</i>	16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	18. CAUSE OF DEATH <i>262.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pre-maturity.</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Miliary Sclerosis.</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>1-2-51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-2</i> , 1951, to <i>1-2</i> , 1951, that I last saw the deceased alive on <i>1-2</i> , 1951, and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.			
22A. SIGNATURE <i>Robert E. Gustafson</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Hope Cemetery</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1951</i>		25. FUNERAL DIRECTOR ADDRESS <i>William Williams</i>	

13. 5-1 R. 5-1

Printed by [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0313

BIRTH NO. 51 0313		
1. NAME OF DECEASED (Type or Print) <u>John A. Reed</u>		
2. DATE OF DEATH <u>11/1/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore (14)</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore (14)</u>		
D. STREET ADDRESS (If rural, give location) <u>3210 Bayonne Avenue</u>		
E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>CONSTR</u>
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>John A. Reed</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ernst</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT <u>Mr. Sophie M. Reed</u>		ADDRESS <u>3210 Bayonne Ave</u>
18. <u>156.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Liver</u> DUE TO <u>Evisceration</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Evisceration</u> INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>12-30-50</u> <u>1-8-51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Liver, metastatic cyst</u> <u>evisceration</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>12/28/50</u> , 19 <u>50</u> , to <u>11/1/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/1/51</u> , 19 <u>51</u> , and that death occurred at <u>9A.</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>Serg. Lgo</u>		23B. ADDRESS <u>1213 Light Street</u>
23C. DATE SIGNED <u>11/1/51</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/5/51</u>
24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>		24D. LOCATION (City, town, or county) (State) <u>Bald Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 12 1951</u>		REGISTRAR'S SIGNATURE <u>W. J. Luck</u>
25. FUNERAL DIRECTOR <u>W. J. Luck</u>		ADDRESS <u>5305 Harford Rd</u>

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420
51 0314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0314

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia A. Ellis

2. DATE
OF
DEATH

Jan. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1619 Aisquith Street

C. Length of stay in Baltimore
Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown Voss

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Henry W. Siegel, 1418 Munsey Building

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Diabetes

9/14/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

High Blood Pressure

11/11/50

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from 9/14/50, 1950, 1951, that I last saw the deceased alive on 1/11/51, 1951, and that death occurred at 11:11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

1/13/51

Woodlawn Cemetery

Woodlawn, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

William J. Williams, M.D.

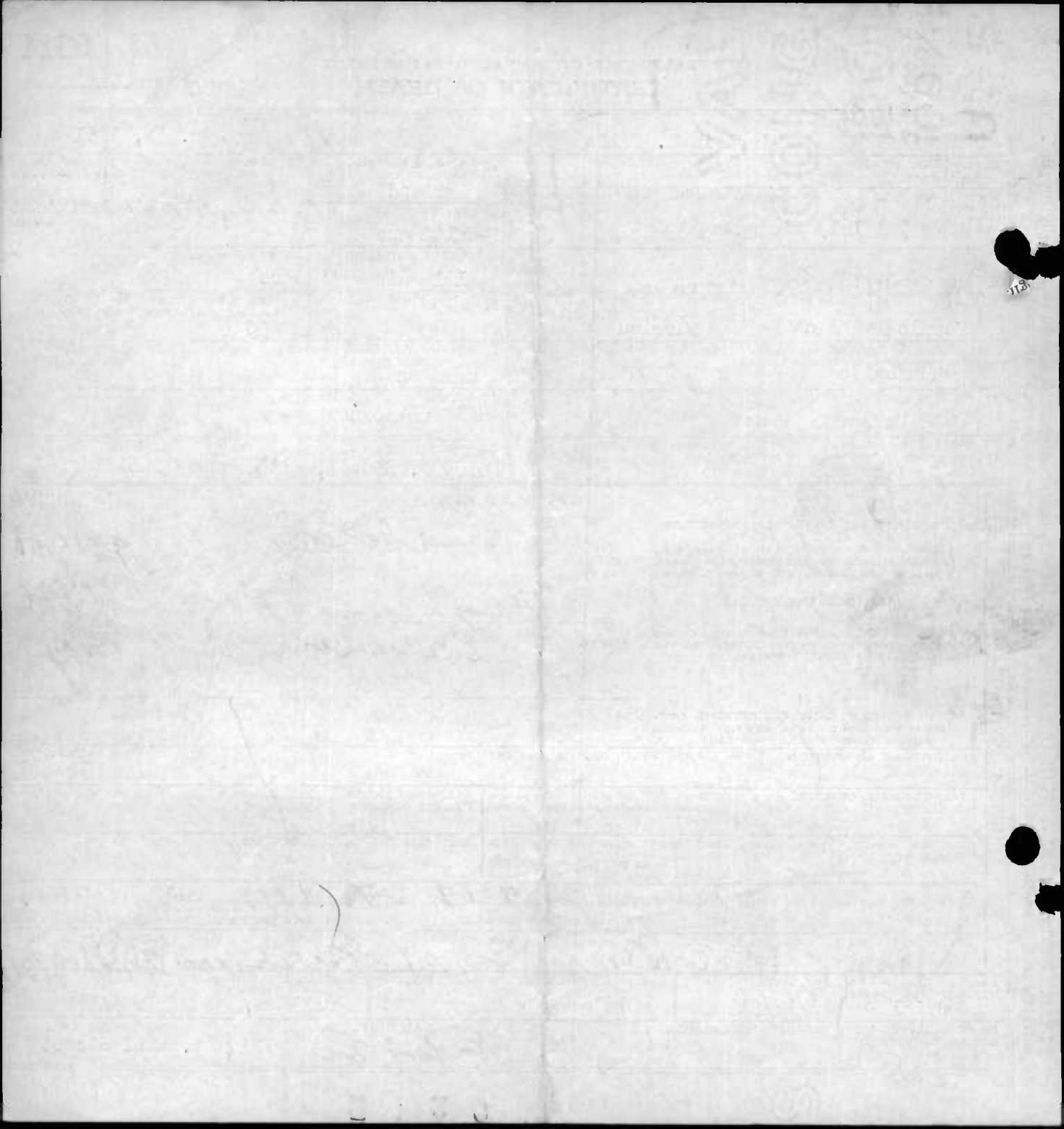
Am. Book, Inc.

1217 St. Paul Street

VS 150

51 0314

61



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

T-660

51 0315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0315
Registered No.

1. NAME OF DECEASED (Type or Print) FREDERICK W. TYERYAR		2. DATE OF DEATH Jan 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY FREDERICK	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL, FREDERICK, RTN	
D. STREET ADDRESS (If rural, give location) 6000			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 12, 1949
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) 1
11. BIRTHPLACE (State or foreign country) FREDERICK, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Reid F. Tyeryar		14. MOTHER'S MAIDEN NAME Gloria Crummit	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. 344.1 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Meningitis (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 1/6/51		19B. MAJOR FINDINGS OF OPERATION External hydrocephalus	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-9- , 19 50 , to 11-12-50 , that I last saw the deceased alive on 11-13-51 , and that death occurred at 11-13-51 m., from the causes and on the date stated above.			
23A. SIGNATURE E. J. Stofor		23B. ADDRESS Univ. Hosp., Balto. Md.	
23C. DATE SIGNED 1/12/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-13-51	
24C. NAME OF CEMETERY OR CREMATORY mt Olivet Cemetery		24D. LOCATION (City, town, or county) (State) Frederick - Ind.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 12 1951		REGISTRAR'S SIGNATURE W. J. Williams	
25. FUNERAL DIRECTOR C. E. Cline & Son		ADDRESS Frederick, Ind.	

VS 150

Holt

10000314

87E

Hemophilus - INFLUENZA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0316

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Rohleder

2. DATE OF DEATH

Jan. 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UNKNOWN

10B. KIND OF BUSINESS OR INDUSTRY

retired

13. FATHER'S NAME

Joseph Rohleder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

7-15-80

9. AGE (in years last birthday)

70

11. BIRTH PLACE (State or foreign country)

MD.

11. BIRTH PLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Wehage

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarct

DUE TO

due to

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Occlusion

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/8/51

19B. MAJOR FINDINGS OF OPERATION

Intestinal Hemorrhage

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/8, 1951, to 1/10, 1951, that I last saw the deceased alive on 1/10, 1951, and that death occurred at 7:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Johns

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-13-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Balm - Balto Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 12 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

John C. Melly Inc - 2425 E. Oliver St.

ADDRESS

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

[Faint, illegible handwriting at the bottom of the page, possibly a signature or date.]

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460
51 0317

Schuler

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0317

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Schuler

2. DATE
OF
DEATH

January 11, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2810 The Alameda

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

None

c. Length of stay in Baltimore

Ref

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police Officer

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Corp

13. FATHER'S NAME

SHIPYARD

Louis Schuler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

318-09-9300

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Era M. Schuler 2810 The Alameda

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Embolus

DUE TO

20 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Angina Pectoris - Arterio Sclerosis

DUE TO

1 yr.

(C) Chronic Interstitial Nephritis

1 yr

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 11, 1950, to Jan 11, 1951, that I last saw the deceased alive on Sat. 2, 1950, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. A. Stevens

23B. ADDRESS

2878 HAYWARD RD

23C. DATE SIGNED

1-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

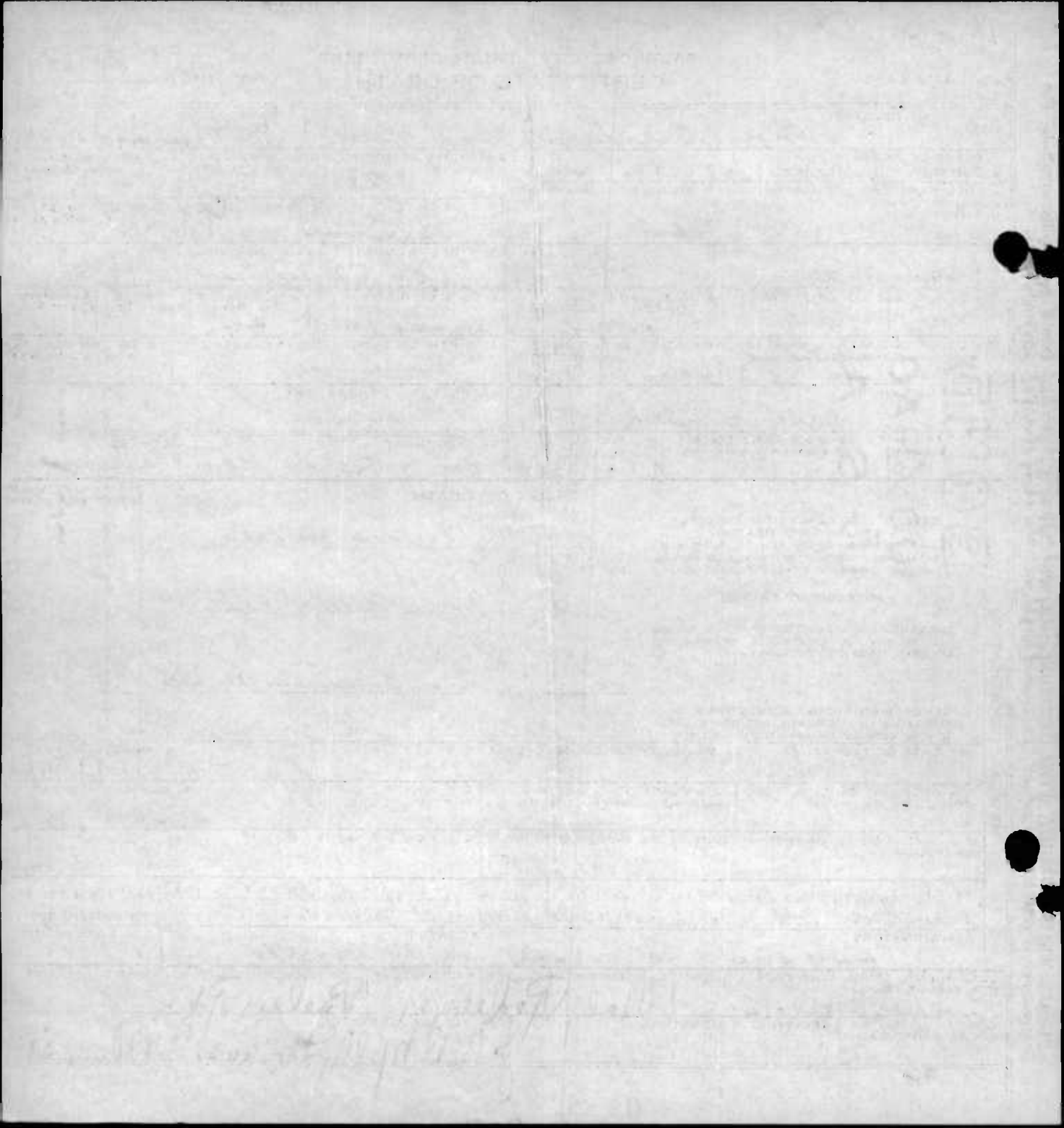
25. FUNERAL DIRECTOR

ADDRESS

VS 150

773 30

131a



PLEASE WRITE IN INK. Every item of information should be written clearly and correctly. If the age is especially important, write the causes of death clearly and correctly.

5.60
0318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL FEINOUR

2. DATE
OF DEATH

JAN. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

So. Balto. Gen. Hosp.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Joseph W. MacPensie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1715 N. Montford Ave

8. DATE OF BIRTH

Feb. 26-1890

9. AGE (in years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Anne E. Pepler

17. INFORMANT

Dr. J. J. Thompson

ADDRESS

1715 N. Montford Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

3 days

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

3 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetic Acidosis

3 days

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1951, to Jan. 12, 1951, that I last saw the deceased alive on Jan. 12, 1951, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin C. Macapangan M.D.

23B. ADDRESS

So. Balto. Gen. Hosp.

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

1-15-51

24C. NAME OF CEMETERY OR CREMATORY

Balto Cem.

24D. LOCATION (City, town, or county)

North Ave - Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 12 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

John C. Milly

ADDRESS

2435 E. Oliver

St. Louis, Mo. Sept 11 1891

My dear Mr. Brewster
I have just received
your letter of the 10th inst.
and am glad to hear
that you are well and
hope to see you soon.

Yours truly
Wm. Brewster

Very truly
yours
Wm. Brewster

Wm. Brewster
St. Louis, Mo.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

51 0319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0319

Registered No.

BIRTH NO. 57-143715-00172

1. NAME OF DECEASED
(Type or Print)

Baby Goode "Sadie"

2. DATE
OF
DEATH

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

2029 Llewellyn Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

January 2, 1951

9. AGE (In years
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Goode

14. MOTHER'S MAIDEN NAME

Sadie Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Immaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Premature labor

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from January 2, 1951, to January 2, 1951, that I last saw the
deceased alive on January 2, 1951, and that death occurred at 7:00A.M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner, Jr.

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

William Williams, M.D.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Signature of Physician	
9. Signature of Registrar		10. Date of Registration		11. Place of Registration		12. Remarks	
13. Signature of Informant		14. Date of Information		15. Place of Information		16. Signature of Informant	
17. Signature of Informant		18. Date of Information		19. Place of Information		20. Signature of Informant	
21. Signature of Informant		22. Date of Information		23. Place of Information		24. Signature of Informant	
25. Signature of Informant		26. Date of Information		27. Place of Information		28. Signature of Informant	
29. Signature of Informant		30. Date of Information		31. Place of Information		32. Signature of Informant	
33. Signature of Informant		34. Date of Information		35. Place of Information		36. Signature of Informant	
37. Signature of Informant		38. Date of Information		39. Place of Information		40. Signature of Informant	
41. Signature of Informant		42. Date of Information		43. Place of Information		44. Signature of Informant	
45. Signature of Informant		46. Date of Information		47. Place of Information		48. Signature of Informant	
49. Signature of Informant		50. Date of Information		51. Place of Information		52. Signature of Informant	
53. Signature of Informant		54. Date of Information		55. Place of Information		56. Signature of Informant	
57. Signature of Informant		58. Date of Information		59. Place of Information		60. Signature of Informant	
61. Signature of Informant		62. Date of Information		63. Place of Information		64. Signature of Informant	
65. Signature of Informant		66. Date of Information		67. Place of Information		68. Signature of Informant	
69. Signature of Informant		70. Date of Information		71. Place of Information		72. Signature of Informant	
73. Signature of Informant		74. Date of Information		75. Place of Information		76. Signature of Informant	
77. Signature of Informant		78. Date of Information		79. Place of Information		80. Signature of Informant	
81. Signature of Informant		82. Date of Information		83. Place of Information		84. Signature of Informant	
85. Signature of Informant		86. Date of Information		87. Place of Information		88. Signature of Informant	
89. Signature of Informant		90. Date of Information		91. Place of Information		92. Signature of Informant	
93. Signature of Informant		94. Date of Information		95. Place of Information		96. Signature of Informant	
97. Signature of Informant		98. Date of Information		99. Place of Information		100. Signature of Informant	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0320

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine (Katie) Cox

2. DATE
OF
DEATH

Jan. 10th., 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION I310 E. Lafayette Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

City

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

I310 E. Lafayette Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 13, 1879

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days

4

28

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Phillips

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Anna M. Cox - I310 E. Lafayette Avenue

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C-V disease

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Rheumatoid Arthritis

15 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March, 1942 to Jan. 10, 1951, that I last saw the deceased alive on Jan. 10, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

I-13-51

Most Holy Redeemer

Belair Rd. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

William H. Williams, Jr.

George J. Ruth, Inc. - I735 Harford Avenue

VS 150

19510220319

937

0800

CERTIFICATE OF DEATH

LOCALITY

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0321
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Rev Joseph P. Sullivan			1-9-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			A. STATE			B. COUNTY		
St Agnes Hospital			Md.					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			D. STREET ADDRESS (If rural, give location)					
Baltimore			532 Mosher St					
c. Length of stay in Baltimore			Yrs. Mos. Days					
5. SEX			6. COLOR OR RACE			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
Male			White			Married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Priest			R.C.			Baltimore Md.		
13. FATHER'S NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
Patrick H. Sullivan			(If yes, give war or dates of service)					
12. CITIZEN OF WHAT COUNTRY?			14. MOTHER'S MAIDEN NAME			17. INFORMANT ADDRESS		
			Margaret Morris			Rev. John Sullivan 532 Mosher St.		
18. 332X I CAUSE OF DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
(A) Left Atrial Thrombosis								
DUE TO								
ANTECEDENT CAUSES								
(B) Congestive Heart Failure								
DUE TO								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
0						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-1-1950 to 1-9-1951, that I last saw the deceased alive on 1-9-1951, and that death occurred at 6:40 m., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
J. J. Gorman M. D.			11 Green Bay			1-9-51		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			1/13/51			Cathedral		
24D. LOCATION (City, town, or county) (State)			24E. NAME OF CEMETERY OR CREMATORY			24F. LOCATION (City, town, or county) (State)		
Baltimore, Md.								
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS		
JAN 12 1951			William M. Williams, M.D.			M. Fahy & Sons 401 SUFFOLK Rd		

VS 150

1951 9098W 0320

83B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and fully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0322

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

CLAPP

2. DATE OF DEATH
January 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1704 W. Franklin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 5/1872 78

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Preacher

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jordon Clapp.

14. MOTHER'S MAIDEN NAME

Virginia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Grace Beverly. 1704 W. Franklin St.

18. EP 12. 4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Compound comminuted fractures of both lower legs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of left 6th and 7th ribs

DUE TO

(C) Fracture of pelvis, Contusion of heart

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Fulton & Laurens St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Jan. 9, 1951 6 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED 51
January 10, 19

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-13-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Bur

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. V. Smith

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N Schroeder St

V S 151

N-809. 510000321

170c

CERTIFICATE CORRECTED 2-14-51 Lichter
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. 51 0323

51 0323
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>LICHTER, LEIB</u>		2. DATE OF DEATH <u>Jan 11 51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>✓</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>14-03</u>	
c. Length of stay in Baltimore <u>44</u> Yrs. <u>Mon</u> <u>Days</u>		D. STREET ADDRESS (If rural, give location) <u>541 Robert St</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-25-97</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Self</u> <u>(R)</u>	9. AGE (In years last birthday) <u>53</u> <u>56</u> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Abraham</u>		14. MOTHER'S MAIDEN NAME <u>Bessie</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ida Lichter</u> - ADDRESS <u>Same</u>

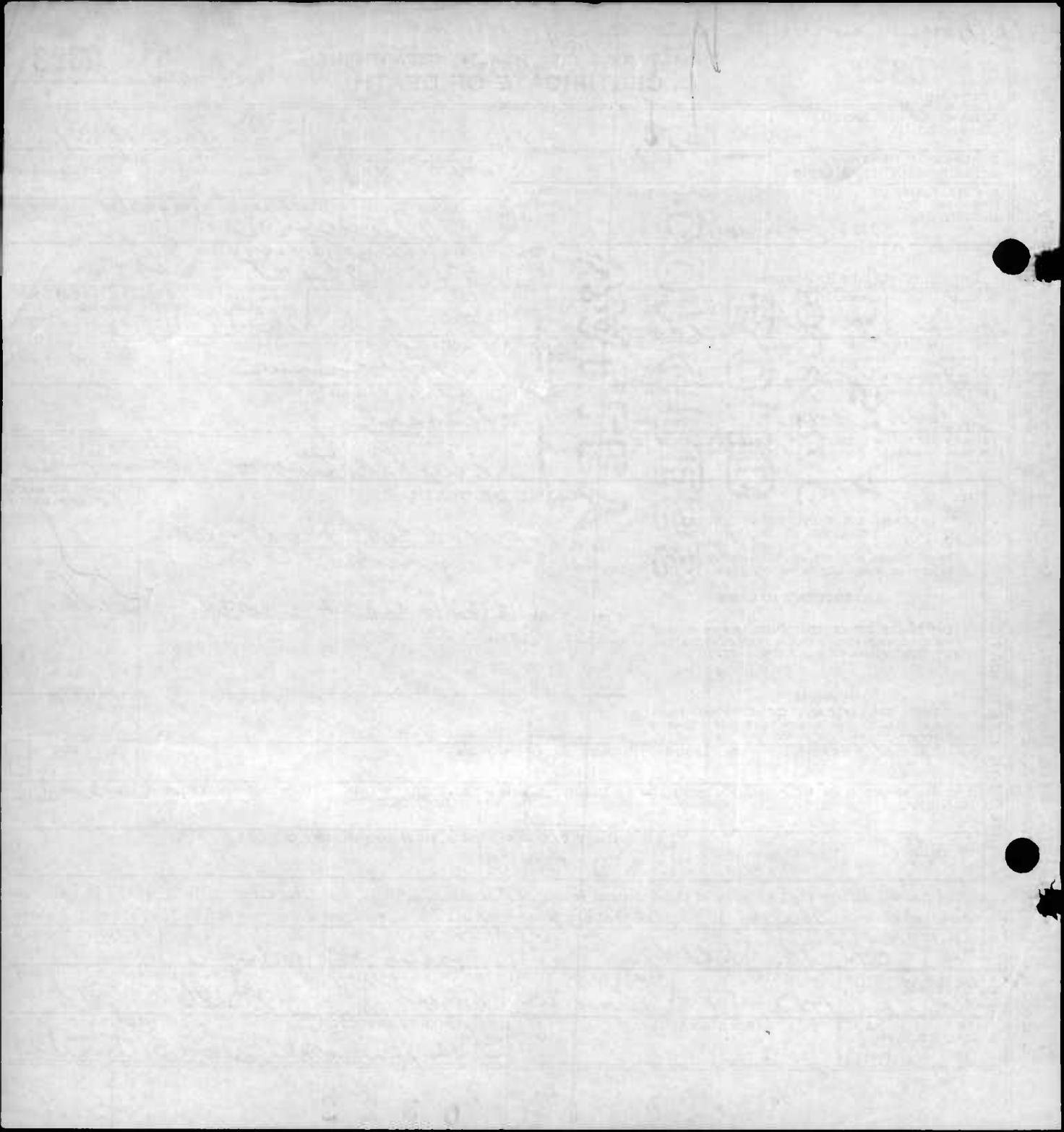
18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial insufficiency</u> <u>Pneumonitis</u> CAUSE OF DEATH <u>Arteriosclerotic Cardiovascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH	(A) DUE TO (B) DUE TO (C) DUE TO
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan 5</u> , 19 <u>51</u> , to <u>Jan 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>51</u> , and that death occurred at <u>730A</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>Frank M. Wilson</u> M. D.	23B. ADDRESS <u>Sinai Hospital</u>	23C. DATE SIGNED <u>Jan 11 51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>1-12-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Heving Run</u>
24D. LOCATION (City, town, or county) <u>Balt Md</u>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 12 1951</u>	REGISTRAR'S SIGNATURE <u>Frank M. Wilson</u>	25. FUNERAL DIRECTOR <u>Jack Lewison</u> ADDRESS <u>2100 Cutler Pl</u>

VS 150 (F. E. Winters) 51-2906A 0323 93D

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0325
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE MATTHEWS

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 1527 W. Lanvale St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1527 W. Lanvale Street

c. Length of stay in Baltimore 60 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 13, 1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Augustus Matthews

14. MOTHER'S MAIDEN NAME

Ethel ???????

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Maggie Queen

1527 W. Lanvale Street

18. 4222

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocarditis
DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Unknown
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Feb 1, 1948, to 5-20, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 8:20 a. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank A. Saunders M. D.

1029 N. Stricker St.

1-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Western Star Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

William M.

Holland Funeral Home
1631 Druid Hill Ave.

VS 150
On approval of medical examiner 0324

93E

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0326

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW SAMUEL SCOTT

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

405 E. 24th. Street

c. Length of stay in Baltimore

70 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Brick plant

13. FATHER'S NAME

Frank Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Bertha M. Scott

405 E. 24th. Street

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

II

(C) ...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 10, 1951, that I last saw the deceased alive on Jan 19, 1951 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

Burial

Jan. 13, 1951

Arbutus Mem. Pk.

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

Holland Funeral Home

1631 Druid Hill Ave.

VS 150

1 2 5 1 0 0 0 0 3 2 5

132

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of County Clerk

Signature of Mayor

Signature of Governor

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0327
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn Pauline Scott

2. DATE
OF
DEATH

Jan. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals 4940 Eastern Avenue

c. Length of stay in Baltimore Life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 19, 1925

9. AGE (In years last birthday)

25

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Gross

14. MOTHER'S MAIDEN NAME

Edith Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Avenue

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

10 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1941

19B. MAJOR FINDINGS OF OPERATION

Left sided Thoracoplasty for Pulmonary Tuberculosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-1946 to 1-10-51, that I last saw the deceased alive on 1-10-51, and that death occurred at 10:30am from the causes and on the date stated above.

23A. SIGNATURE

J. J. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Trm. Pk.

24D. LOCATION (City, town, or county)

Balt. C. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Shallagh Funeral Home
1631 David Hill Ave

VS 150

19510000326

13B

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400
51 0328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0328

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) ISABELLE V. EWELL			2. DATE OF DEATH Jan. 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 625 W. Lanvale St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 625 W. Lanvale St.		
c. Length of stay in Baltimore 70 yrs.			5. SEX Female			6. COLOR OR RACE Colored		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH Feb. 29, 1880			9. AGE (In years last birthday) 70		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Balto. Md.		
13. FATHER'S NAME Isaac Cook			14. MOTHER'S MAIDEN NAME Unknown			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO. None			17. INTERMANUAL ADDRESS Mr. Charles Richardson 1724 Benthoun Street		
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congestive Heart Failure DUE TO ANTECEDENT CAUSES (B) Hypertensive Cardio-Vas. Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)						INTERVAL BETWEEN ONSET AND DEATH Month ?		
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec. 8, 1950 , to Jan. 8, 1951 , that I last saw the deceased alive on Jan. 7, 1951 , and that death occurred at 6 P.M. , from the causes and on the date stated above.								
23A. SIGNATURE <i>George McDonald MD</i>			23B. ADDRESS 844 N. Carey St. Balt. Md.			23C. DATE SIGNED 1/11/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 1/12/51			24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.		
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.			24E. NAME OF CEMETERY OR CREMATORY Holland Funeral Home			24F. ADDRESS 1631 Druid Hill Ave.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 12 1951			REGISTRAR'S SIGNATURE <i>William M. ...</i>			25. FUNERAL DIRECTOR ADDRESS		

1939

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1939

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0329

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB THORNTON

2. DATE
OF
DEATH

8 Jan 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Good Samaritan Hosp
27 N. Carey St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

237 Spring Ct.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Apr 13 1880

9. AGE (In years last birthday)

70

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Thornton

14. MOTHER'S MAIDEN NAME

7

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

C. Thornton 237 Spring Ct.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension and arteriosclerosis - vascular disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Dec, 1950, to 8 Jan, 1951, that I last saw the deceased alive on 8 Jan, 1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Emil H. Henning Jr. M. D.

601 Winans Way 10 Jan 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

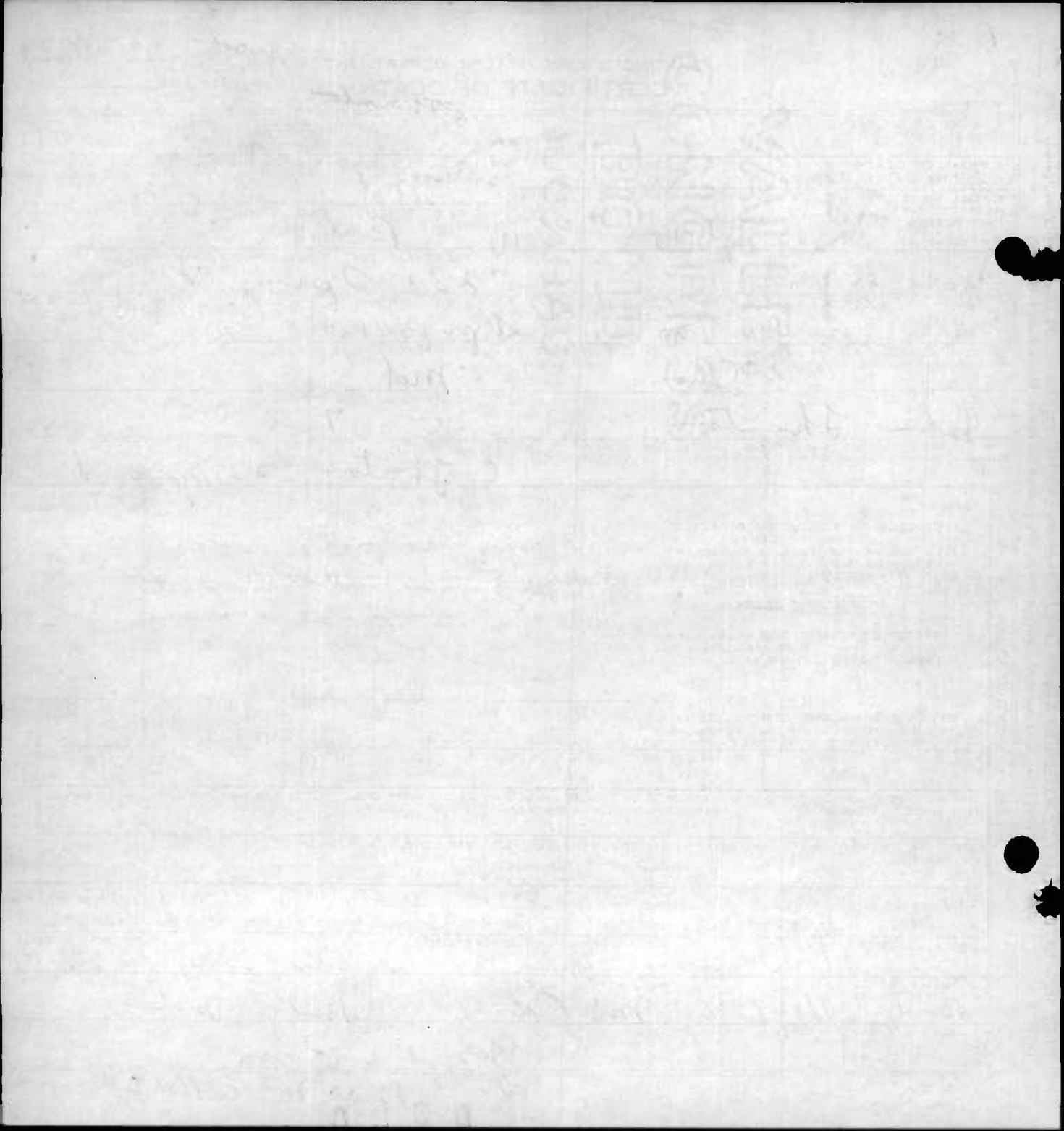
JAN 12 1951

William H. Williams

Joseph L. Russ

VS 150

195 1920990 0 3 2 0 12 00 me Callahan 937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

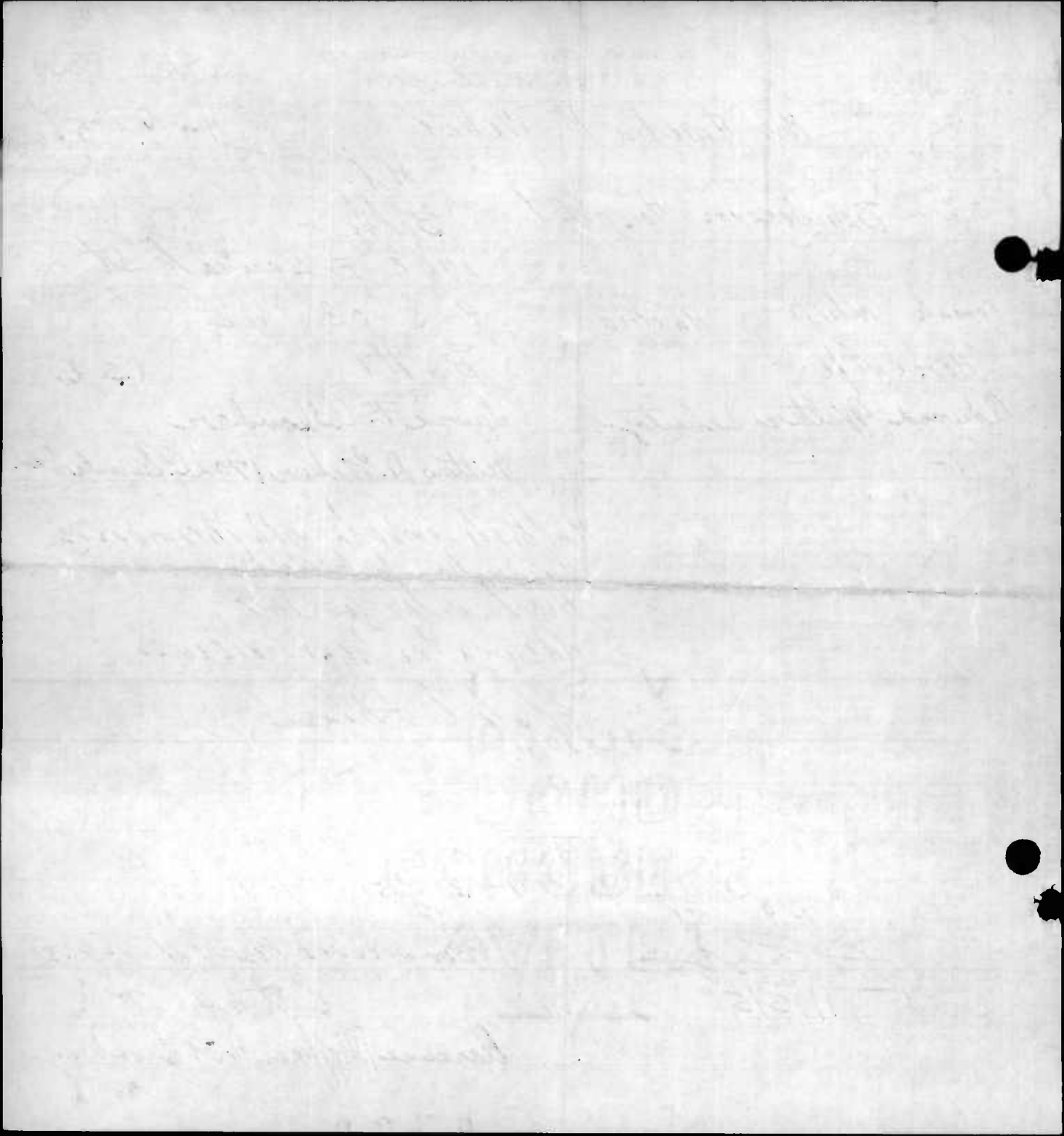
Registered No. 51 0330

BIRTH NO. 51 0330

1. NAME OF DECEASED (Type or Print) <i>Mrs Amelia M. Weber</i>		2. DATE OF DEATH <i>1-9-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Bon Secours Hospital.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. - 8-06</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1702 E. Lanvale St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED.</i>	8. DATE OF BIRTH <i>9-5-08</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>42</i>
11. BIRTHPLACE (State or foreign country) <i>Ba Ho</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>	
13. FATHER'S NAME <i>Edward Walter Schuty</i>		14. MOTHER'S MAIDEN NAME <i>Laura F. Callander</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Milton D. Weber</i>		ADDRESS <i>1702 E. Lanvale St.</i>	
18. <i>416X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Multiple emboli with thrombosis.</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Heart enlargement.</i> (C) <i>Rheumatic heart disease.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <i>Cholelithiasis.</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-3</i> , 19 <i>51</i> , to <i>1-9</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-9</i> , 19 <i>51</i> , and that death occurred at <i>12</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Bon Secours Hospital</i>	
23C. DATE SIGNED <i>1-9-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>11/13/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR <i>Marcelle Hoffman</i>		ADDRESS <i>1639 Broadway</i>	

1 9 5 1 0 0 0 3 2 0

95B



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0331
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE M. DUNKLE

2. DATE
OF
DEATH

Jan 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3156 Keauk Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3156 Keauk Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 15, 1883

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm H. Pinchard

14. MOTHER'S MAIDEN NAME

Lena Bruner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-10-3762D

17. INFORMANT

ADDRESS

L. Nelson Dunkle 3156 Keauk Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocarditis

6 wks.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1950, to Jan 8, 1951, that I last saw the
deceased alive on Jan 8, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Davis

M. D.

23B. ADDRESS

800 W. 33rd St.

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Lincoln Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Channing 36151 Chestnut Ave.

JAN 12 1951

VS 150

19510000330

93E

RECEIVED THE SECRETARY OF THE
DEPARTMENT OF AGRICULTURE

NOV 10 1903

0350

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be legible. Physicians: please write the causes of death clearly and legibly.

P-200

51 0332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0332

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hortense M. Page

2. DATE
OF
DEATH

Jan. 11, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Md.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

1217 Chattaham St Baltimore

d. STREET ADDRESS (If rural, give location)

1217 Chattaham St.

c. Length of stay in Baltimore

11 yrs.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Dec. 25, 1912

9. AGE (in years
last birthday)

38

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delon S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter McClain

REST

14. MOTHER'S MAIDEN NAME

Fannie McClain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Brown Parker

18. *593X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocarditis

DUE TO

(C)

Nephritis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

1 deposit

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *12/12, 1940*, to *1/11, 1951*, that I last saw the deceased alive on *1/11, 1951*, and that death occurred at *3:30 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE

Reverend S. DeFord

23b. ADDRESS

822 N. Bond St

23c. DATE SIGNED

1/12/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Jan 13/51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

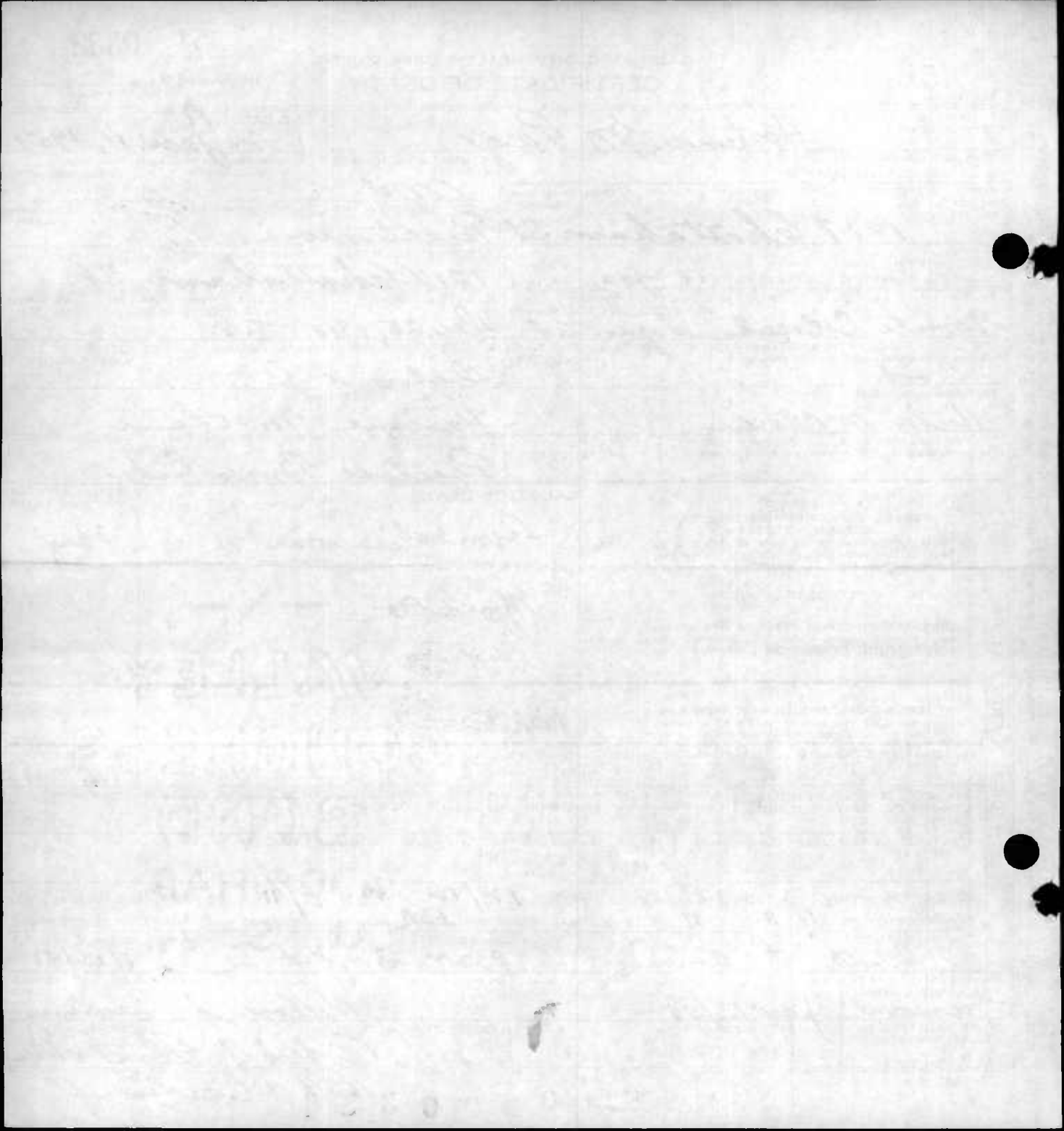
Mrs Robert A. Elliott & Son

JAN 12 1951
VS 150

1957506400331

1629 N. Carroll St.

132



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNIE QUEEN

2. DATE
OF
DEATH

1/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

412 N. POPPLETON ST.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

30yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

412 N. POPPLETON ST.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

13. FATHER'S NAME

PATRICK BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ISABELLA BANKS, 329 N. CARROLLTON AVE

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Central Thrombosis

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiac-Vascular disease

unknown

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 20, 1950, to 1-11, 1951, that I last saw the deceased alive on 1-11, 1951, and that death occurred at 8.00 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

72084 0333

Canwell

WATLEY
CERTIFICATE OF DEATH

1-15-21
Walter Jones
Chas. H. Jones
212
Cincinnati

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0334

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALVIN H. WRIGHT

2. DATE
OF
DEATH

January 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

909 E. Lombard Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)

909 E. Lombard Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 11 - 1921

9. AGE (In years last birthday)

29 30

10. Under 1 Year Months: Days

3

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Editor

11. BIRTHPLACE (State or foreign country)

Crisfield Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wilmore H Wright

14. MOTHER'S MAIDEN NAME

Istella Pinkney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

yes

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-26-1536

17. INFORMANT

Wilmore H Wright 1930 Citywater

ADDRESS

Phila 46

18. E 982X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Stab wound of heart

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

909 E. Lombard Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 2, 1951 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William H. Wright

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 2, 1951

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan. 15 - 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem. Balto Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Wright

25. FUNERAL DIRECTOR

ADDRESS

Robert Williams 1515 Metcalf St

JAN 12 1951

N - 864.5 1 197998

167

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

346
325

51 0335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0335

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED SAMUEL CHAMPLAIN BUTLER-Known as (Type or Print) GILBERT JULIUS WATKINS		2. DATE OF DEATH Jan. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Tenn. B. COUNTY V-39			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Memphis			
c. Length of stay in Baltimore 21 days		D. STREET ADDRESS (If rural, give location) 32 N. Camilla Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH 11/29/94	9. AGE (In years, last birthday) 56	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jr. Engineer		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Harvey Butler			
14. MOTHER'S MAIDEN NAME Louise Schwab		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			
16. SOCIAL SECURITY NO. ---		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.			

MEDICAL CERTIFICATION

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of right lung with metastasis to adrenal, lymph nodes and left femur.		CAUSE OF DEATH (A) Carcinoma of right lung with metastasis to adrenal, lymph nodes and left femur.		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____		_____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____		_____	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 14, 1950 , to Jan. 4, 1951 , that I last saw the deceased alive on Jan. 4, 1951 , and that death occurred at 8:45A m., from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 1/9/51	
24. Medical certificate in charge Jan - 12 - 51		24C. NAME OF CEMETERY OR CREMATORY St Peter's		24D. LOCATION (City, town, or county) (State) Bethesda & Lorman Ave	
DATE RECEIVED BY LOCAL REGISTRAR AN 1 2 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS 477	

1 2 5 1 2 4 0 55 403 E-25-St-Balto-18-Ind

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0336

Registered No.

BIRTH NO. 51 0336

1. NAME OF DECEASED (Type or Print) <i>Delia Agnes Davis</i>			2. DATE OF DEATH <i>1-11-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>605 Radnor Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>2640 Garfield Place V-48</i> B. COUNTY <i>Washington D.C.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Washington D.C.</i>		
c. Length of stay in Baltimore <i>4 years</i>			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 7-1866</i>		9. AGE (in years last birthday) <i>84</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Dooley-</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		17. INFORMANT ADDRESS <i>Edward Elmer Hundle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS	

MEDICAL CERTIFICATION

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Branch pneumonia</i>		CAUSE OF DEATH <i>605 Radnor Ave</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1-9-51</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Cardiovascular disease</i>		(A) <i>Branch pneumonia</i> DUE TO	<i>years?</i>
		(B) <i>Arteriosclerotic Cardiovascular disease</i> DUE TO	
		(C) <i>Myocardial</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-9</i> , 1951, to <i>1-11</i> , 1951, that I last saw the deceased alive on <i>1-11</i> , 1951, and that death occurred at <i>1 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony Thomas</i>		23B. ADDRESS <i>4600 York Rd</i>		23C. DATE SIGNED <i>1-11-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>January 15, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mount Olivet</i>	
24D. LOCATION (City, town, or county) (State) <i>Washington D.C.</i>		25. FUNERAL DIRECTOR <i>Rev. J. Saffell</i>		ADDRESS <i>1310</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1951</i>		REGISTRAR'S SIGNATURE <i>John Williams</i>		25. FUNERAL DIRECTOR ADDRESS	

1886
1887
1888

Aug 1886

Aug 1887

Aug 1888

Aug 1889

Aug 1890

Aug 1891

Aug 1892

Aug 1893

Aug 1894

Aug 1895

Aug 1896

Aug 1897

Aug 1898

Aug 1899

Aug 1900

Aug 1901

Aug 1902

Aug 1903

Aug 1904

Aug 1905

Aug 1906

Aug 1907

Aug 1908

Aug 1886

W

Aug 1887

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Aug 1889

Aug 1890

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Aug 1893

Aug 1894

Aug 1895

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Aug 1898

Aug 1899

Aug 1900

Aug 1901

Aug 1902

Aug 1903

Aug 1904

Aug 1905

Aug 1906

Aug 1907

Aug 1908

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

IVANAUSKAS

2. DATE OF DEATH
January 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

765 Ramsey St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1894

9. AGE (In years last birthday)

55

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Auto-mobile

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Chickman

14. MOTHER'S MAIDEN NAME

Chickman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-07-3328

17. INFORMANT

ADDRESS

John IVANAUSKAS 765 Ramsey St.

18.

4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis

DUE TO

ANTECEDENT CAUSES

(B) Coronary Occlusion

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. L... ..

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

January 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1951

1951

Charles J. 703 W.

JAN 12 1951

67033

0336

94a

CERTIFICATE OF DEATH

CAUSE OF DEATH

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

G-625
51 0338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 0338

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN GRESHAM

2. DATE
OF
DEATH

JAN 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland OSL 4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1015 ARGYLE AVE.

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-21-09

9. AGE (in years last birthday)

41

If Under 1 Year Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Brown

14. MOTHER'S MAIDEN NAME

Helen Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 600.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

(B)

chronic pyelonephritis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 month

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-6-1951, to 1-11-1951, that I last saw the deceased alive on 1-11-1951 and that death occurred at 7: AM., from the causes and on the date stated above.

23a. SIGNATURE

Victor G. McKusick

M. D.

23b. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

1-11-51

24a. BURIAL CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1/16/51

24c. NAME OF CEMETERY OR CREMATORY

mt. Auburn

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

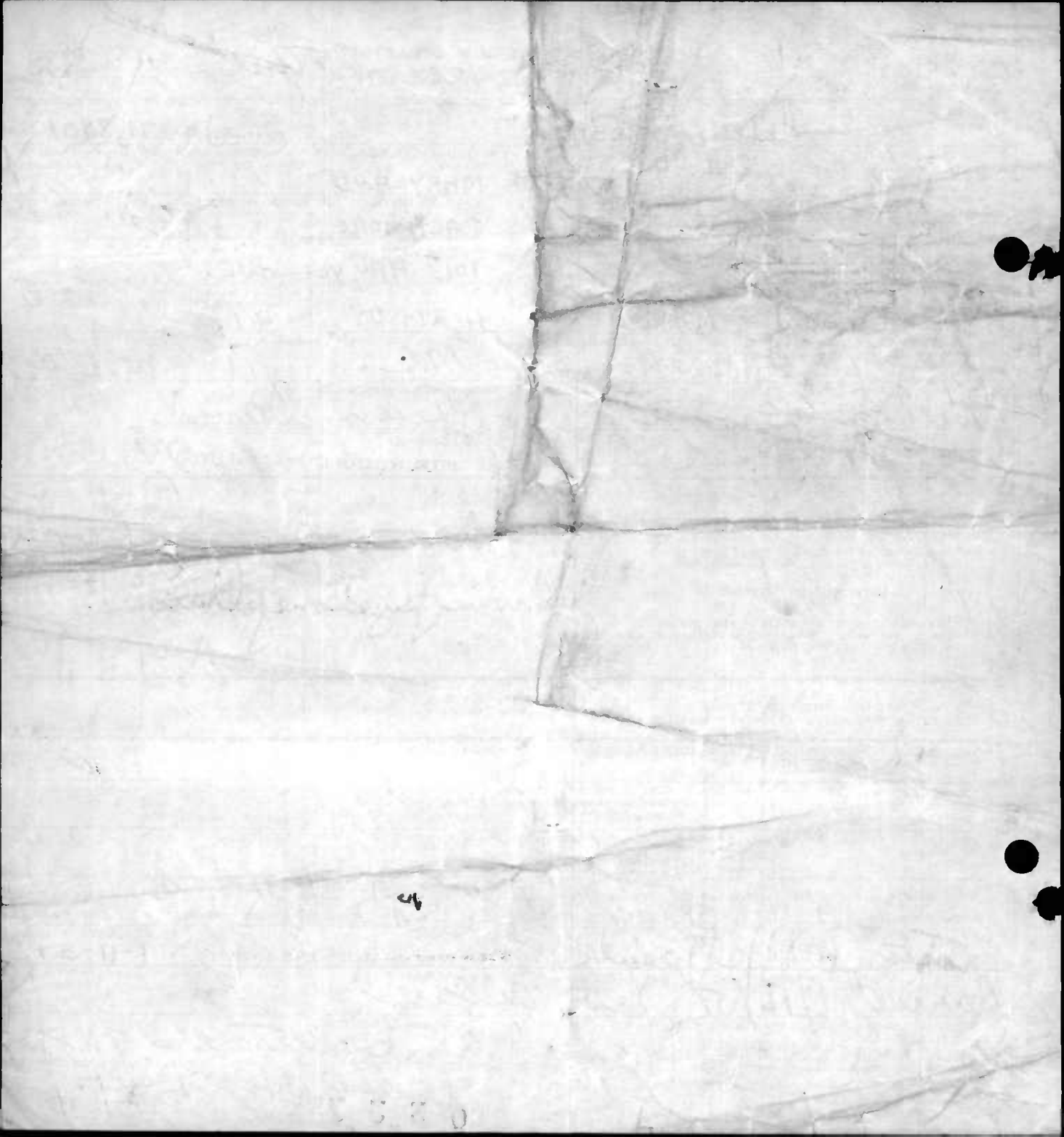
JAN 12 1951

William G. Williams

A. Halstead - 968

VS 150

David Hillman 133a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400
51 0339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0339
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) EDWARD COLE	
2. DATE OF DEATH January 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH	
9. AGE (In years last birthday) 61	
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	
14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS MR. Coles - Myrtle Ave	
18. 422.1 and 322.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) Acute alcoholism DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .	
23A. SIGNATURE Stanley H. Deanecker M.D.	
23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Jan. 12, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE 1/15/51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JAN 12 1951	
REGISTRAR'S SIGNATURE William Williams, M.D.	
25. FUNERAL DIRECTOR W. Halstead - 918 -	
ADDRESS 1218 E. 10th Ave. 93	

CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH

1938

1-1-1938

NAME OF MOTHER

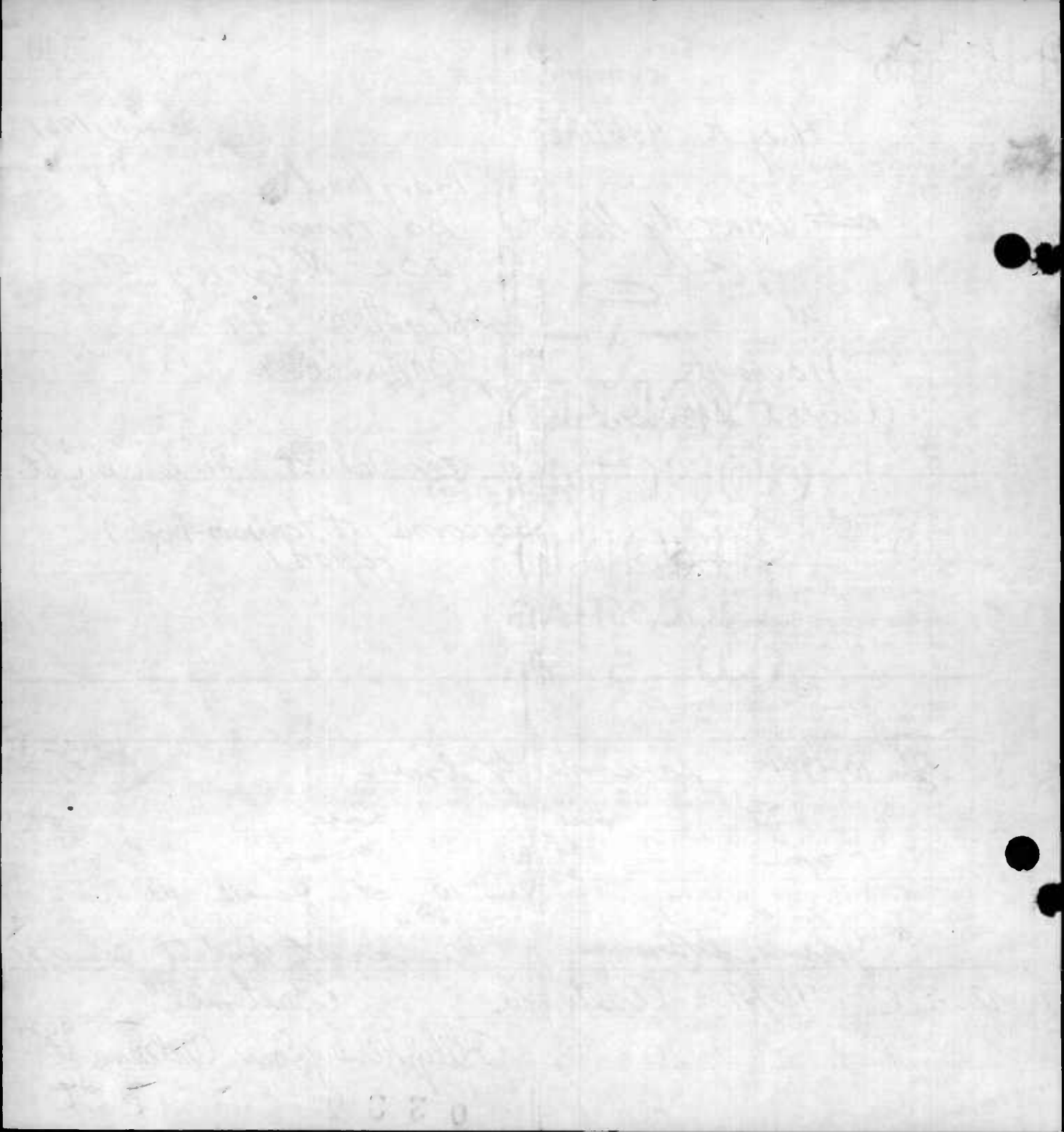
0330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0340
Registered No.

BIRTH NO. 245 51 0340		1. NAME OF DECEASED (Type or Print) <i>Mary K Ashline</i>		2. DATE OF DEATH <i>Jan. 11, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pat University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-01</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>202 N. Curley St.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept. 15/1903</i>	9. AGE (In years last birthday) <i>47</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>Albert Spink</i>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Leo Ashline</i> ADDRESS <i>202 N. Curley St.</i>	
18. <i>193X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Sarcoma, rt. temporo-frontal region</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Jan 10, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Sarcoma of brain</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH <i>None</i>		21B. PLACE OF INJURY (e. g., at or about home, farm, factory, street, office building, etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>Jan. 10, 1951</i> , to <i>Jan 11, 1951</i> that I last saw the deceased alive on <i>Jan. 11, 1951</i> and that death occurred at <i>6:45 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James Browne</i> M. D.		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>Jan 11, 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Philip Herwig Sons</i>		ADDRESS <i>2024 Orleans St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>			



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0341
Jan. 11, 1951

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) MARY E. Stoneberger

2. DATE OF DEATH Jan-12-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md.
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1222 Ensor St. Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-04

D. STREET ADDRESS (If rural, give location)
1222 Ensor St.

c. Length of stay in Baltimore

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.

8. DATE OF BIRTH Feb-10-1883

9. AGE (In years last birthday) 67

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Dobel

14. MOTHER'S MAIDEN NAME

Kate-Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT ADDRESS
Ora Lam 1222 Ensor Street

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of pyloric end of stomach

15 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardio-Vascular Renal Disease

?

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 1950, to 11 Jan. 1951 that I last saw the deceased alive on 10 Jan. 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

Wm Cook Inc. 1217 St Paul St

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1911

May 11

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0342

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK PATRICK FITZPATRICK

2. DATE OF DEATH 1/11/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

445 East 22nd St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md.
B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
445 E. 22nd St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

1873

9. AGE (in years last birthday)

78

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tavern keeper

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Riderwood Balto. Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no -

16. SOCIAL SECURITY NO.

17. INFORMANT 445 E. 22nd St.
Mr. Frank F. Fitzpatrick

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease

5 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 4, 1942 to Jan 4, 1951, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/13/51

Cathedral Cem.

City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

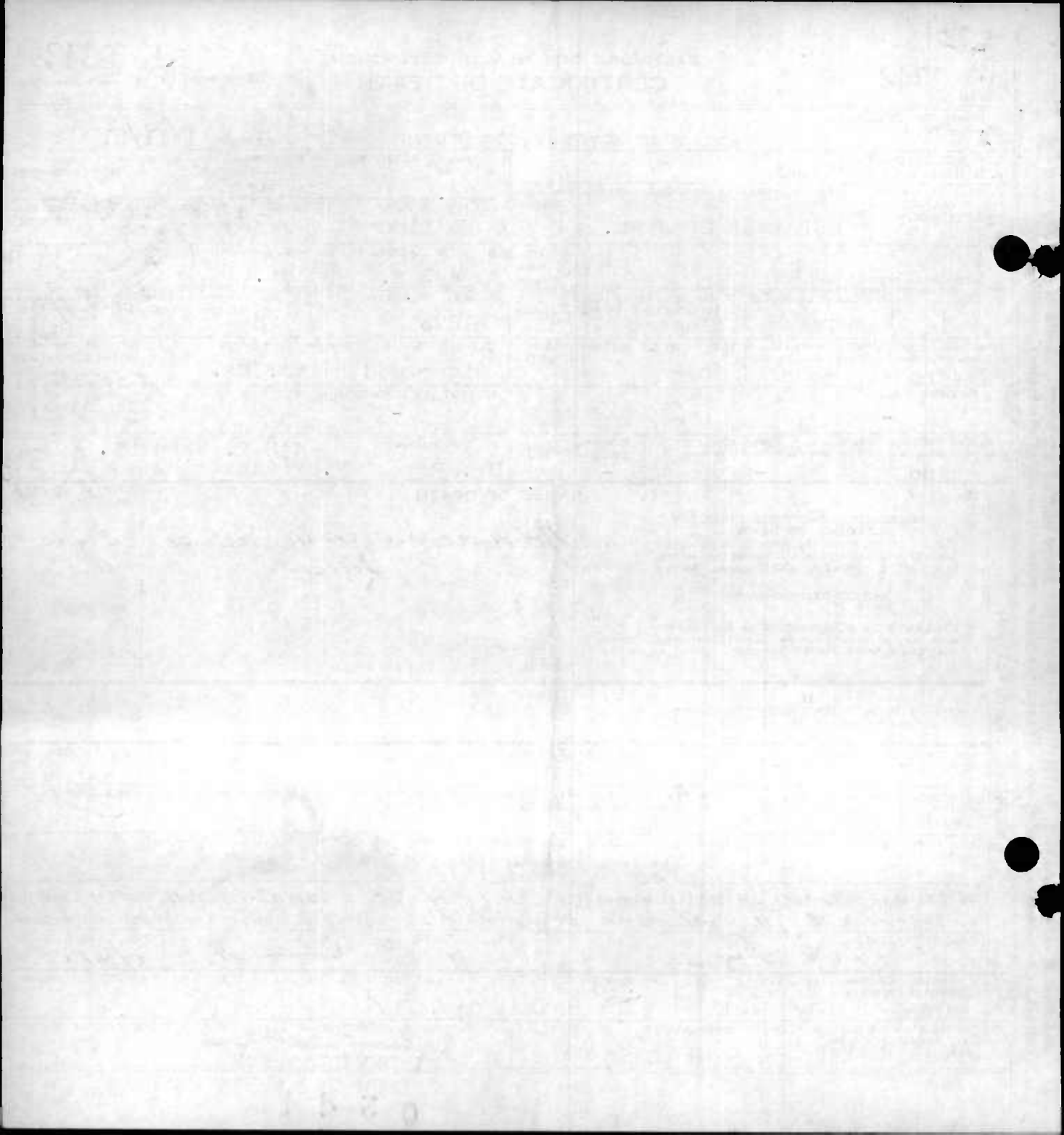
25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1951

Wm. Williams, M.D.

WIEDEBOLD & SON



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

655
51 0343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0343
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY THOMAS HARRYMAN

2. DATE
OF
DEATH

JANUARY 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

335 E 22nd St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

335 East 22nd St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ACCOUNTANT.

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

WM. H. HARRYMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1878

9. AGE (in years,
last birthday)

73

11. Under 1 Year
Months: Days

12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

LAURA MITCHELL

17. INFORMANT

335 E. 22nd Street
Mrs. Lillian Harryman

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

6 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis

6 Months

(C) Hypertensive and

Arteriosclerotic Cardiovascular Disease

Many
years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from November, 1949, to Jan. 11, 1951, that I last saw the
deceased alive on Jan 9, 1951, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Bird

23B. ADDRESS

1532 Havenwood Rd. (18)

23C. DATE SIGNED

January 11, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

24D. LOCATION (City, town or county) (State)

City

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 12 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

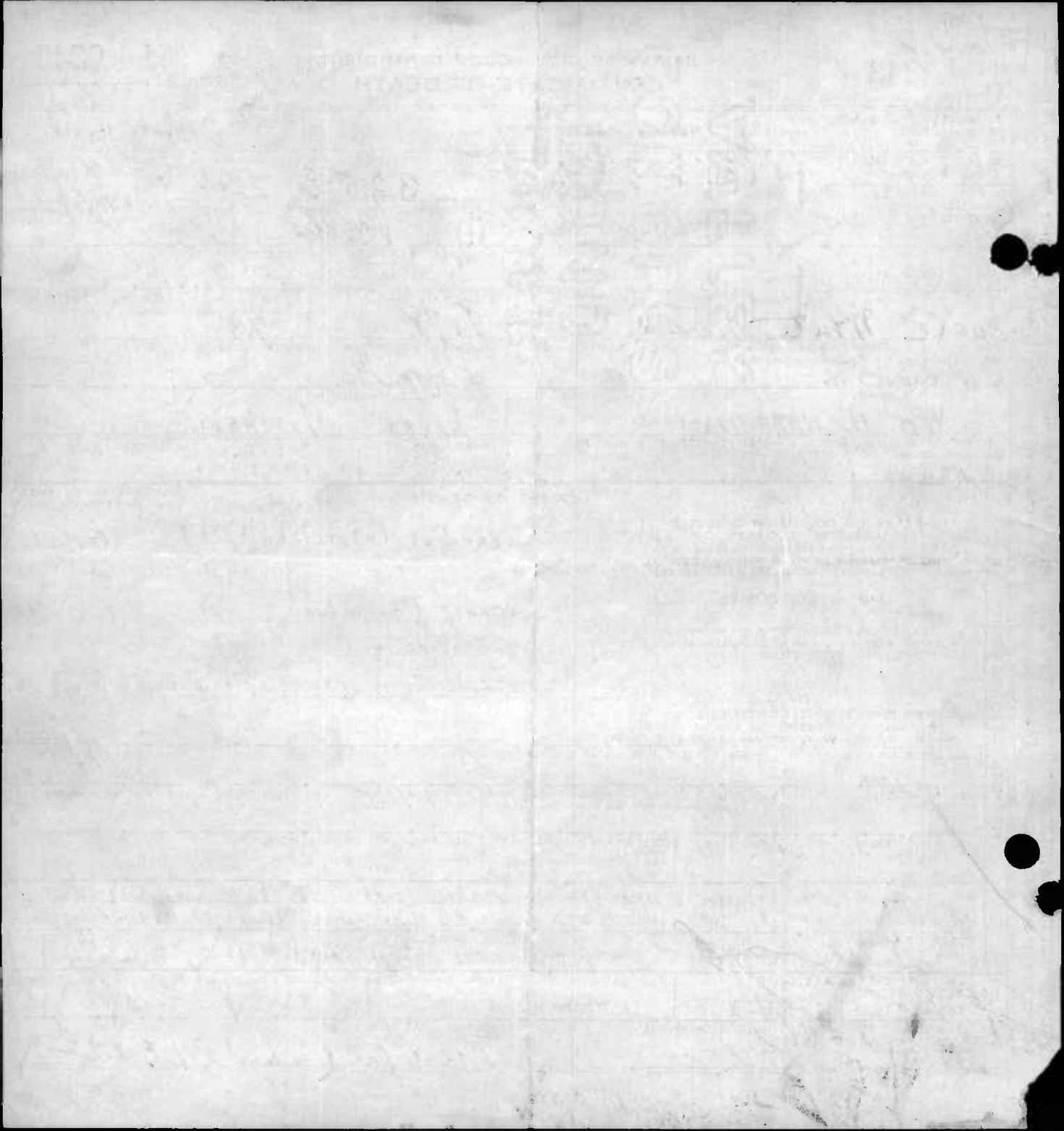
Free of charge & sent 60/ E 22nd St

ADDRESS

VS 150

00081

937



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0344

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosie Mack

2. DATE
OF
DEATH

Jan 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)
222 W. Biddle Street

c. Length of stay in Baltimore

15 Yrs. Yrs.
Mos. Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 14, 1909

9. AGE (In years

last birthday) 41

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Kelly McCrab

14. MOTHER'S MAIDEN NAME

Bankey Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records 4940 Eastern Avenue

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Renal insufficiency

3 Wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular disease

5 Yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 3, 1951, to Jan 10, 1951, that I last saw the
deceased alive on Jan 10, 1951, and that death occurred at 12:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

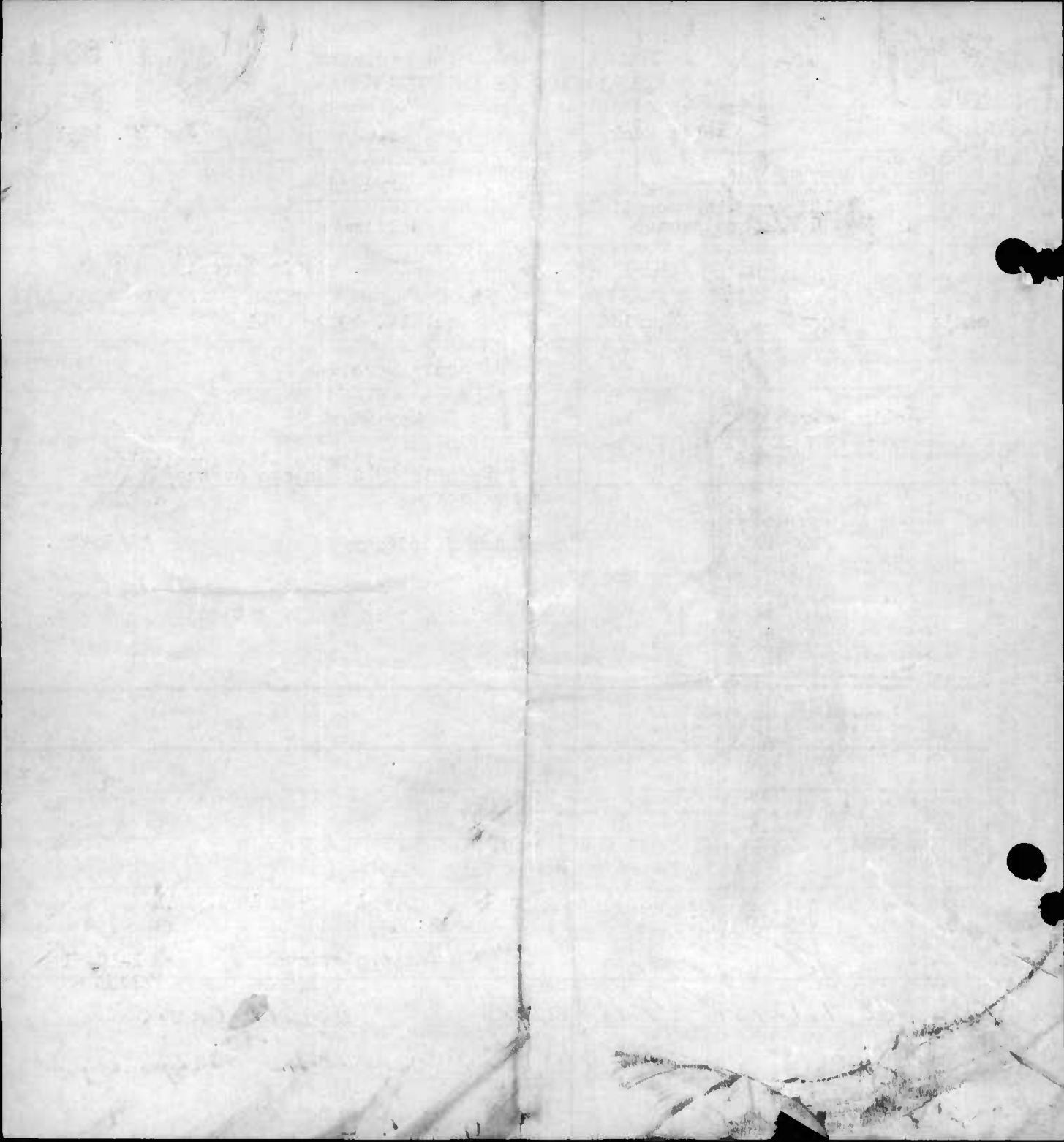
25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

W. L. Williams, Jr.

J. L. Brown & Son - Montgomery St



PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0345

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY PALMER		2. DATE OF DEATH January 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2101 Coldspring Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2101 Coldspring Lane Cold Spring LA	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 7/31/1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Holmes		14. MOTHER'S M maiden NAME Lucy ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Emma Green		ADDRESS 762 Wacker St	

MEDICAL CERTIFICATION

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular renal disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Wood	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D.	23C. DATE SIGNED Jan. 11, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/13/50	24C. NAME OF CEMETERY OR CREMATORY MT Zion
DATE RECEIVED BY LOCAL REGISTRAR JAN 12 1951	REGISTRAR'S SIGNATURE Charles H. Rice	24D. LOCATION (City, town, or county) (State) Baltimore Md.
25. FUNERAL DIRECTOR Charles H. Rice		ADDRESS 661 W. Barron

PLEASE WRITE IN INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and in full. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0346

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ollie William Burton

2. DATE
OF
DEATH

1-9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

103 N. Ellwood Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

103 N. Ellwood Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

9. DATE OF BIRTH

10-31-1901

10. AGE (In years,
last birthday)

49

11. Under 1 Year
Months: Days

12. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auto Mech.

10B. KIND OF BUSINESS OR
INDUSTRY

Auto

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luther Burton

14. MOTHER'S MAIDEN NAME

Anna Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

216-09-1953

17. INFORMANT

Mrs. Mary M. Burton, 103 N. Ellwood Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma Prostate Gland

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

Oct 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Prostate

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to January, 1950, that I last saw the
deceased alive on 1/9, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Francis D. Giller

M. D.

23B. ADDRESS

1800 N. Charles St.

23C. DATE SIGNED

1/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-13-1951

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 12 1951

REGISTRAR'S SIGNATURE

Francis D. Giller

25. FUNERAL DIRECTOR

J. A. Moran

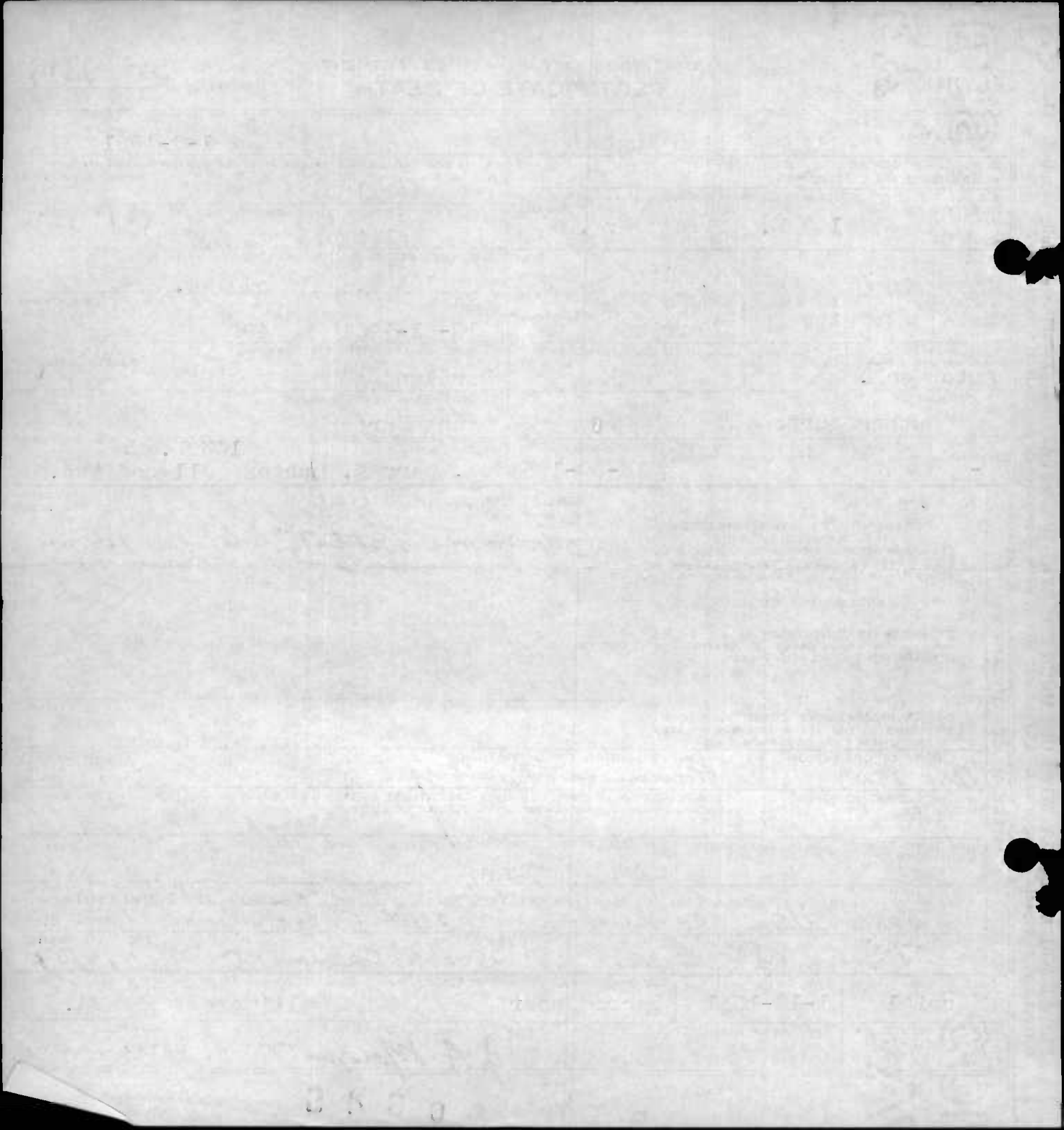
ADDRESS

3000 E. Baltimore St.

VS 150

55083 00345

51B



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0347
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Yarbarough

2. DATE
OF
DEATH

January 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write full name of township)
Baltimore

D. STREET ADDRESS (If rural, give location)

240 Laurens St.

E. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 19, 1925

9. AGE (In years
last birthday)

25

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labour

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Uniontown Penna.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Yarbarough

14. MOTHER'S MAIDEN NAME

Clara Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clara Yarbarough 240 Laurens St.

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Depressed fracture of skull

OR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

OR

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Druid Hill Ave. & Preston St. 11/4

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan. 10, 1951 12:15 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto struck by auto

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

January 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1 JAN 12 1951

1-15-1951

Balto. National Am

Balto

322 N

VS 151

N-803

Mrs. Kate R. Williams

Schroeder

0970240 3 1 6

170C

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergyman		17. Signature of undertaker		18. Signature of funeral home	
19. Signature of cemetery		20. Signature of burial place		21. Signature of interment	
22. Signature of burial society		23. Signature of burial fund		24. Signature of burial association	
25. Signature of burial committee		26. Signature of burial board		27. Signature of burial council	
28. Signature of burial board		29. Signature of burial council		30. Signature of burial association	
31. Signature of burial society		32. Signature of burial fund		33. Signature of burial association	
34. Signature of burial committee		35. Signature of burial board		36. Signature of burial council	
37. Signature of burial board		38. Signature of burial council		39. Signature of burial association	
40. Signature of burial society		41. Signature of burial fund		42. Signature of burial association	
43. Signature of burial committee		44. Signature of burial board		45. Signature of burial council	
46. Signature of burial board		47. Signature of burial council		48. Signature of burial association	
49. Signature of burial society		50. Signature of burial fund		51. Signature of burial association	
52. Signature of burial committee		53. Signature of burial board		54. Signature of burial council	
55. Signature of burial board		56. Signature of burial council		57. Signature of burial association	
58. Signature of burial society		59. Signature of burial fund		60. Signature of burial association	
61. Signature of burial committee		62. Signature of burial board		63. Signature of burial council	
64. Signature of burial board		65. Signature of burial council		66. Signature of burial association	
67. Signature of burial society		68. Signature of burial fund		69. Signature of burial association	
70. Signature of burial committee		71. Signature of burial board		72. Signature of burial council	
73. Signature of burial board		74. Signature of burial council		75. Signature of burial association	
76. Signature of burial society		77. Signature of burial fund		78. Signature of burial association	
79. Signature of burial committee		80. Signature of burial board		81. Signature of burial council	
82. Signature of burial board		83. Signature of burial council		84. Signature of burial association	
85. Signature of burial society		86. Signature of burial fund		87. Signature of burial association	
88. Signature of burial committee		89. Signature of burial board		90. Signature of burial council	
91. Signature of burial board		92. Signature of burial council		93. Signature of burial association	
94. Signature of burial society		95. Signature of burial fund		96. Signature of burial association	
97. Signature of burial committee		98. Signature of burial board		99. Signature of burial council	
100. Signature of burial board		101. Signature of burial council		102. Signature of burial association	

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 0348**

51 0348

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James W. Barnes.

2. DATE
OF
DEATH

January 10, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

*Provident Hospital
870 W. Fayette St.
1574 Division Street*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

870 W. Fayette St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 1, 1900. 50

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Chemical Co.

11. BIRTHPLACE (State or foreign country)

St. Marys Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Barnes.

14. MOTHER'S MAIDEN NAME

Laura Collins.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Frances Flight, 502 W. Arlington

18. *260X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Coronary Occlusion*

1-10-51

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic Osteomyelitis, Right Great Toe*

12-23-50

DUE TO

(C) *Diabetes Mellitus*

12-23-50

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Arteriosclerosis; - Thromboses
Right Leg*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/23*, 1950, to *1-10*, 1951, that I last saw the deceased alive on *1-10*, 1951, and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

H. C. W. Welcome

23B. ADDRESS

1131 Harlem Avenue

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-15-1951

24C. NAME OF CEMETERY OR CREMATORY

W. T. Auburn Cem.

24D. LOCATION (City, town, or county) (State)

Balto.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.

1939-1940

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be written in correct age is especially important. Physicians: please write the causes of death clearly and fully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Naylor, Mr. Virgil Thomas

2. DATE
OF
DEATH

JAN 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND, Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hampstead

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

2 days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

Male

White

Married

March 9, 1890

60 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Employee

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Naylor

14. MOTHER'S MAIDEN NAME

Ida Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-26-7920

17. INFORMANT

ADDRESS

Mrs Virgil Naylor Hampstead Md

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY Occlusion

4 Minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from JAN 9, 1951, to JAN 11, 1951, that I last saw the deceased alive on JAN. 11, 1951, and that death occurred at 8:39 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

1/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan 14/51

Wm. Brown

Balto Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

William Williams

Edw. C. Tipton, Hampstead

VS 150

195 57X240 0340

94a

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1

1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0350
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Peter Choumbos</i>		2. DATE OF DEATH <i>1-10-57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Balto</i> B. COUNTY <i>md</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>730 S. oldham st</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>26-07</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>730 S. oldham st</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-1-51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Camer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	
11. BIRTHPLACE (State or foreign country) <i>Greece</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>John</i>		14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Wife</i>		ADDRESS <i>730 S. oldham</i>	

CAUSE OF DEATH

18. *162x 1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Mediastinal metastasis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma, left lung*
DUE TO

II

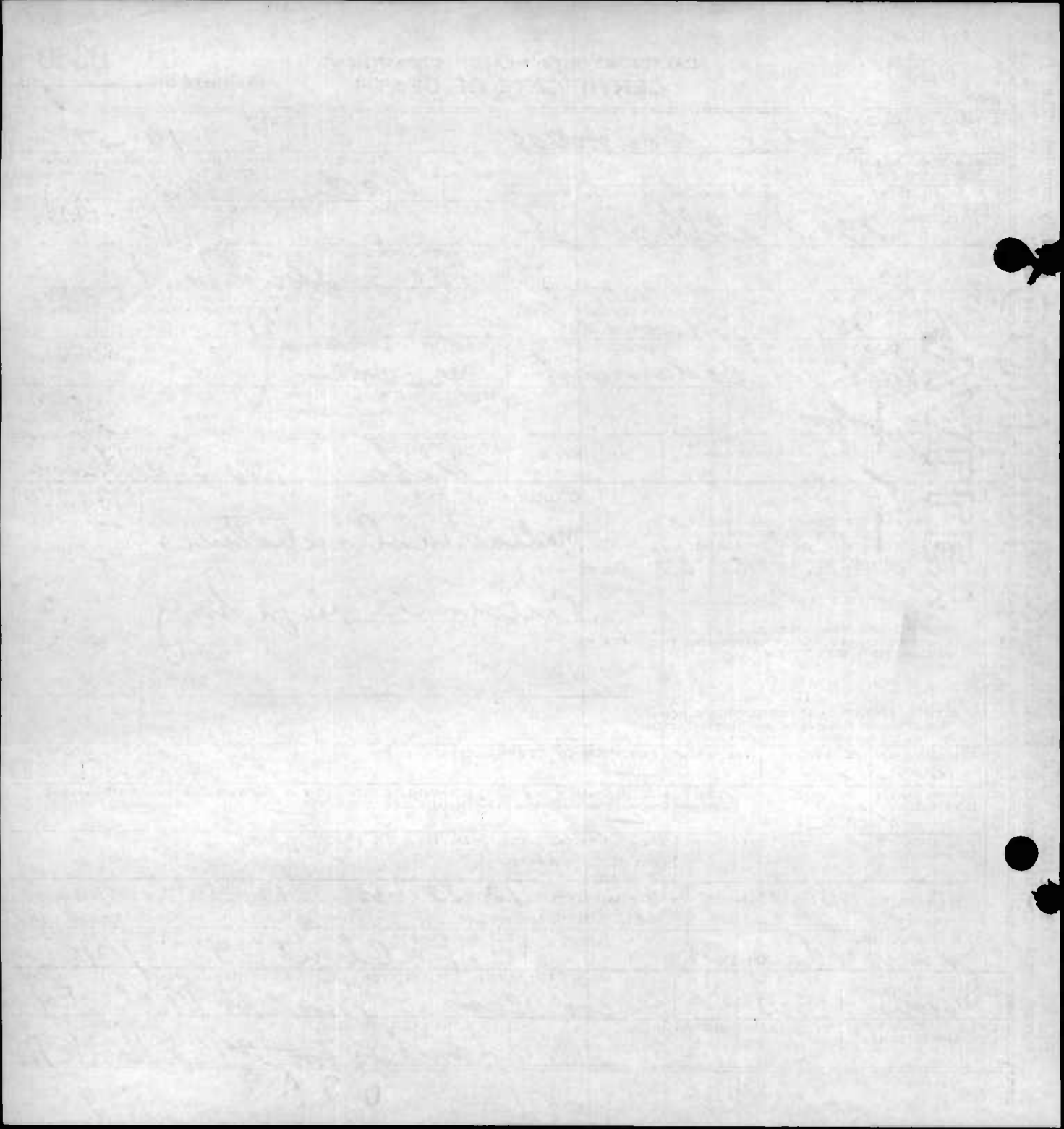
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>none</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>12-15, 1954</i> to <i>1-10-57</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James H. Cairns</i>		23B. ADDRESS <i>1225 N. Calvert ST.</i>		23C. DATE SIGNED <i>1/10/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-13-57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cem.</i>	
24D. LOCATION (City, town, or county) <i>Windsox Mill Rd</i>		24E. LOCATION (City, town, or county) (State) _____		24F. LOCATION (City, town, or county) (State) _____	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1957</i>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR <i>Lambros Inc</i>	
ADDRESS _____		ADDRESS _____		ADDRESS _____	



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

654

CERTIFICATE CORRECTED 1-24-51

51 0351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0351
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cecelia C. Arnold

2. DATE OF DEATH
1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

138 N. Port Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-02

D. STREET ADDRESS (If rural, give location)

138 N. Port Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-30-22

9. AGE (in years last birthday)

28

10 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR INDUSTRY

Graflin Bag Co

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Winterling

14. MOTHER'S MAIDEN NAME

Helen Fall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Homer Arnold

ADDRESS

138 N. Port Street

18.

002 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral Pulmonary Tuberculosis c cavitation
DUE TO

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-16-1950 to 1-10-1951 that I last saw the deceased alive on 1-10-1951 and that death occurred at 6:57pm from the causes and on the date stated above.

23A. SIGNATURE

Robert Kline

23B. ADDRESS

3105 N. Charles St.

23C. DATE SIGNED

1-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-13-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 12 1951

VS 150

Lilly & Zutter

403 S. Wolfe Street

69041 50350

1312

Dr. Silber - 3105 N. 1st St.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in detail.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nicholas Frank Hobner

2. DATE
OF
DEATH

1-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

201 N. Linwood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore, Md 6-01

D. STREET ADDRESS (If rural, give location)

201 N. Linwood Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

7-4-83

9. AGE (in years
last birthday)

67

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY
Produce

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
USA

13. FATHER'S NAME

/ /

14. MOTHER'S MAIDEN NAME

/ /

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Evelyn Daniels 6505 Golden Ring Road

18. 420, 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Stat

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Arterio-sclerosis
arterial Hypertension
chronic myocarditis

—
—
—

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1949, to Nov 2, 1950, that I last saw the deceased alive on Dec 24, 1950, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Louis F. Brunner

23B. ADDRESS

722 No. Kenwood

23C. DATE SIGNED

4/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-13-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lilly + Zehn 403 S. Wolf St

VS 150

1 9 5 1 0 2 9 0 6 4 0 3 5 1

937

722 N. Kansas Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260

JL-143216

0353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0353

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman Baker

2. DATE
OF
DEATH

1-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5303 Eastern Ave.

5. FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

c. Length of stay in Baltimore

51 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 14, 1876

9. AGE (In years last birthday)

74

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pump Hand

10B. KIND OF BUSINESS OR INDUSTRY

Belt St

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

(D)

SHAYARD

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

yrs.

(C) Diabetes Mellitus

yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-50, 19 to Jan. 12, 1951, that I last saw the deceased alive on Jan. 12, 1951 and that death occurred at 8.10AM, from the causes and on the date stated above.

23A. SIGNATURE

J. L. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-15-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Baltimore Ind.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

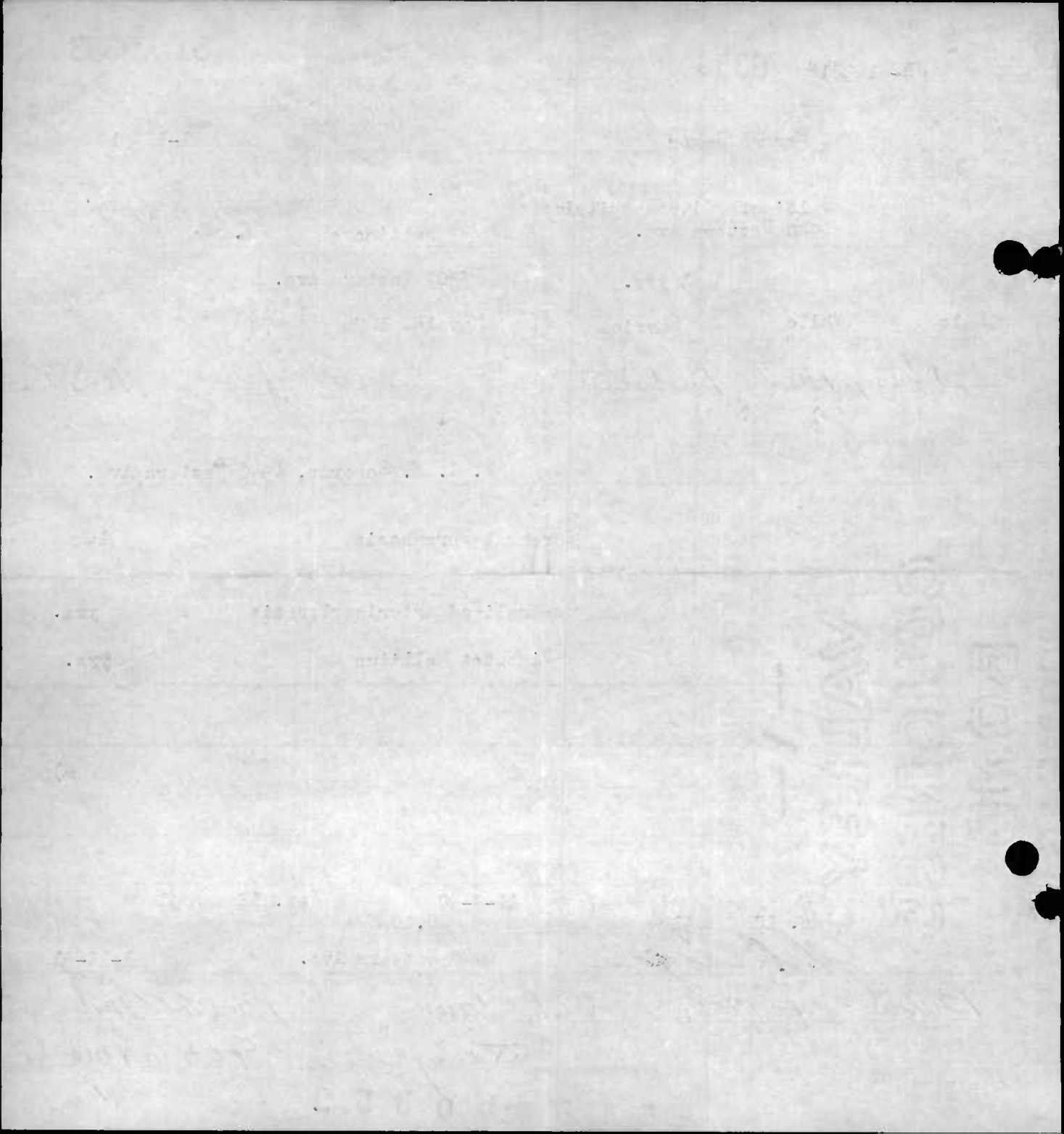
Helly & Zick

703 S. Kolfest

JAN 12 1951

1 4 5 5 FEB 3 0 3 5 2

61



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0354
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE BENTON

2. DATE
OF
DEATH

1/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1525 WILLIAM ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1525 WILLIAM ST.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JANUARY 14, 1869

9. AGE (in years -
last birthday)

81

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN WALTERS

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. LILLIAN E. GORRICK 5200 RITCHIE HWY

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Hypostatic Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

Cerebral Hemorrhage

DUE TO

(C) ...

arterio Sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from May, 1948, to 1-10-51, 1951, that I last saw the deceased alive on 1-10-51, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henri McGrath

M. D.

23B. ADDRESS

115 Randall Dr.

23C. DATE SIGNED

1/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/15/51

24C. NAME OF CEMETERY OR CREMATORY

LODON PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST.

JAN 13 1951

VS 150

51 0354

83a

100-10000

DEATH CERTIFICATE

NAME

DEATH DATE

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0355

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wesley W. Rowles

2. DATE
OF
DEATH

11/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MASTER MARINER

10B. KIND OF BUSINESS OR INDUSTRY

GOVERNMENT SERVICE

13. FATHER'S NAME

CHARLES F. ROWLES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

3/28/1869

9. AGE (In years last birthday)

81 80

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

JAMES R. ROWLES 719 MCKEWIN AVE -18

18. 156.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of the Liver

several months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/1/51, 19, to 11/1/51, 19, that I last saw the deceased alive on 11/1/51, 19, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Martin C. Manapay

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

11/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

WESTERN CEM.

24D. LOCATION (City, town, or county)

EDMONDSON AVE

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wesley W. Rowles

25. FUNERAL DIRECTOR

ADDRESS

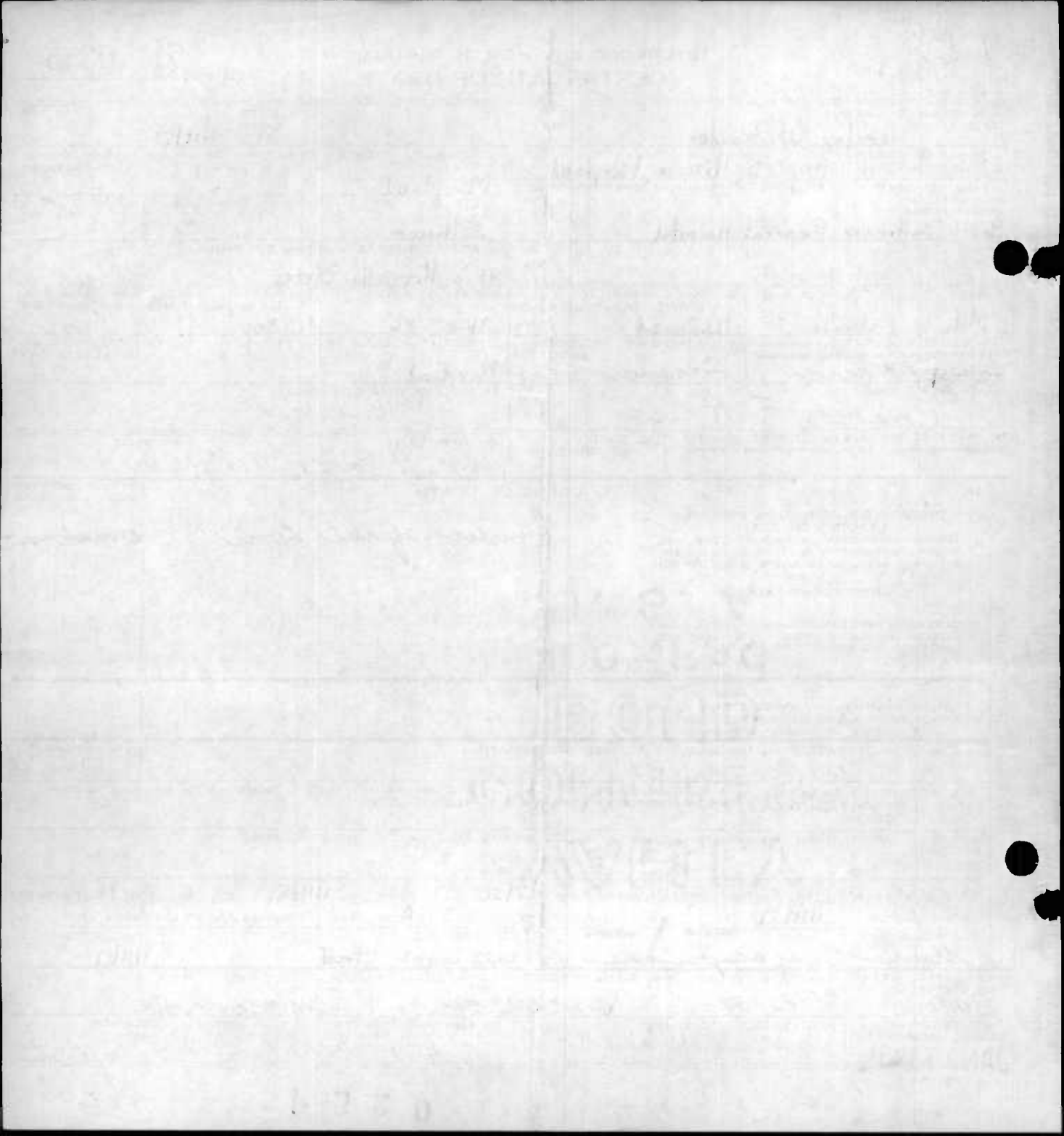
JOHN F. DENNY, Inc. 715 LIGHT ST.

JAN 13 1951

VS 150

51 0355 4

46F



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0356

BIRTH NO. 0356

1. NAME OF DECEASED (Type or Print) Cora Riston		2. DATE OF DEATH 1/11/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 800 GORSUCH AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-05	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 800 GORSUCH AVE	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MARCH 14, 1877
9. AGE (in years: last birthday) 73		10. UNDER 1 Year: Months: Days	
11. UNDER 24 Hours: Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10B. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME WILLIAM T. RISTON		14. MOTHER'S MAIDEN NAME SARAH E CORNS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT MISS KATIE RISTON		ADDRESS 800 GORSUCH AVE	
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/10 , 19 51 , to 1/11 , 19 51 , that I last saw the deceased alive on 1/11 , 19 51 , and that death occurred at 5 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Wm. B. Seale		23B. ADDRESS 614 Medical City Bldg.	
23C. DATE SIGNED 1/11/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1/15/51	
24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET		24D. LOCATION (City, town, or county) (State) FREDERICK ROAD	
DATE RECEIVED BY LOCAL REGISTRAR JAN 13 1951		REGISTRAR'S SIGNATURE John F. Denny, Inc.	
25. FUNERAL DIRECTOR JOHN F. DENNY, INC.		ADDRESS 715 LIGHT ST -30	

VS 150

19510200356

94a

100-1000

CENTRAL STATE OF DEATH

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0357

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Gallagher

2. DATE
OF
DEATH

1-10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3904 Canterbury Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3904 Canterbury Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

8. DATE OF BIRTH

2-16-1886

9. AGE (In years
last birthday)

64

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Anderson

14. MOTHER'S MAIDEN NAME

Fannie Shea

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 3904

Joseph A. Gallagher, Canterbury Rd.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Generalized Carcinomas

INTERVAL BETWEEN
ONSET AND DEATH

3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Prostate

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

Chronic Arteriosclerosis

6 yrs

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 10, 1950 to Jan. 10, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. White, M. D.

23B. ADDRESS

3809 Greenwood Ave

23C. DATE SIGNED

1/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-13-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 13 1951

William H. Williams, M.D.

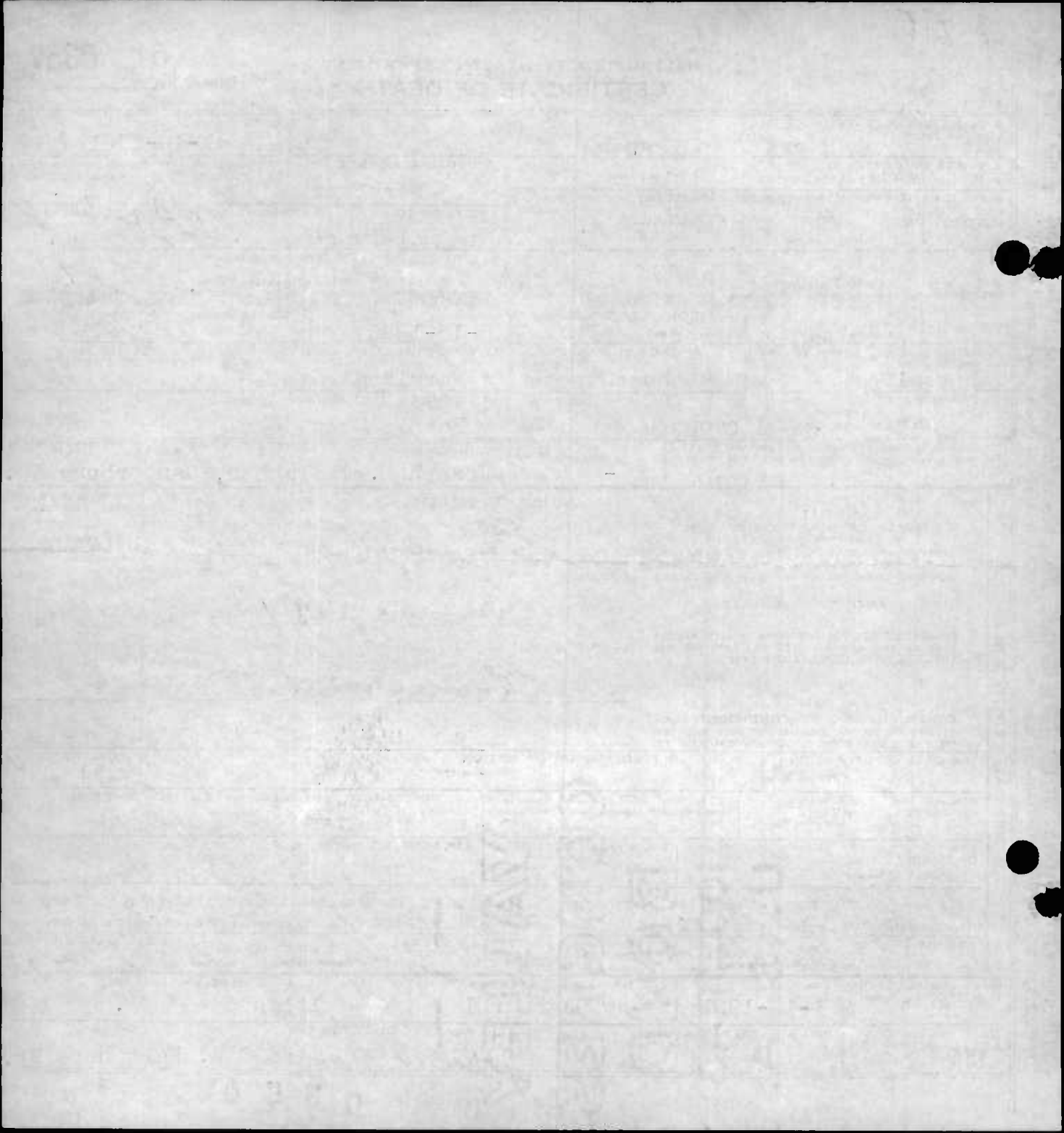
John Q. Moran

3000 E. Baltimore St.

VS 150

19510000356

467



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W 200
51 0358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0358

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNES T-A-WICKS

2. DATE
OF
DEATH

JAN. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Saatchi Balto. Gen. Hosp.

C. Length of stay in Baltimore

about 40 Years

5. SEX

Male

6. COLOR OR RACE

White (C)

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Floor Finisher

10B. KIND OF BUSINESS OR INDUSTRY

Flouring

13. FATHER'S NAME

John W. Wicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-01-4710

8. DATE OF BIRTH

Aug. 31, 1892

9. AGE (In years last birthday)

58

11 Under 1 Year
Months: Days

12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Calvert Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lillie Gibson

17. INFORMANT

Mrs. Vid C. Wicks

ADDRESS

(Home)

18. 443X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary Heart Failure six days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TO

Hypertensive cardiovascular disease 2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 11, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Martin C. Macauley, M.D.

1213 4th St. Balto.

1-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

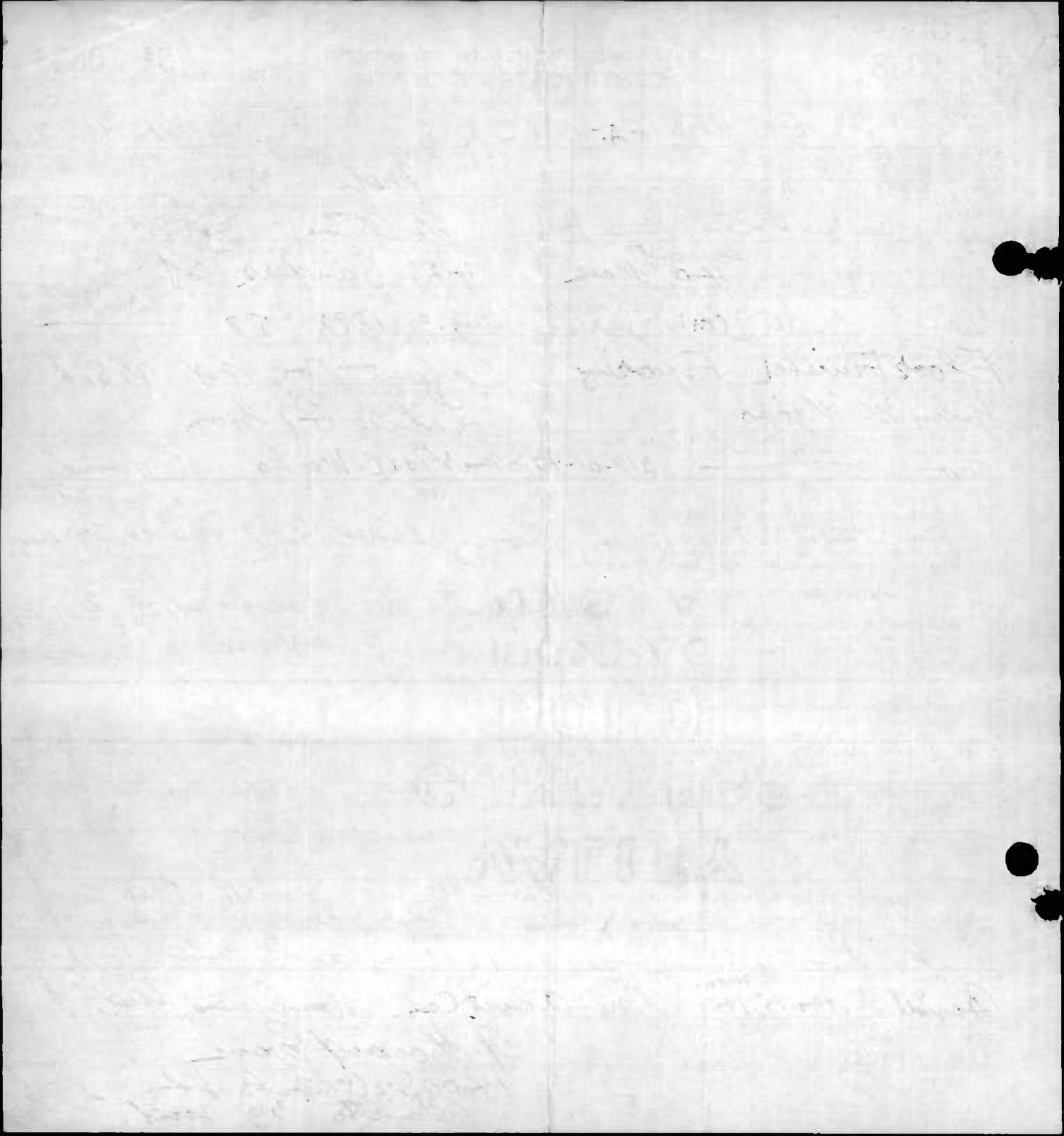
JAN 13 1951

Wm. Williams

G. Howard Evans

VS 150

1956#24 1409 S 3rd St Balto 39 Md. 937



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520
51 0359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0359
Registered No.

BIRTH NO.			2. DATE OF DEATH January 11, 1951		
1. NAME OF DECEASED (Type or Print) JAMES C. JOHNS			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 727 Gladstone Avenue		
5. SEX male			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH Sept 28 1898		
9. AGE (In years last birthday) 52			10. UNDER 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant			10B. KIND OF BUSINESS OR INDUSTRY own business		
11. BIRTHPLACE (State or foreign country) unknown			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry Van Dyke Johns			14. MOTHER'S MAIDEN NAME Lena M.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Dorothy Johns			ADDRESS 727 Gladstone		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		
21C. WHERE DID INJURY OCCUR? 727 Gladstone Avenue			21D. TIME (Month) (Day) (Year) (Hour) January 11, 1951 6 p. m.		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Fell from rear porch of home		
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith			23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		
23C. DATE SIGNED Jan. 12, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Jan 13 1951			24B. DATE Jan 13 1951		
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery			24D. LOCATION (City, town, or county) Frederick and Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR John O. Mitchell		

VS 151

N-803.2

POO 81

8700 Centaur Place

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARTHA R. BUTLER

2. DATE
OF
DEATH

Jan. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1571 ENSOR ST.

C. Length of stay in Baltimore

88 Yrs.
4 Mos.
8 Days

S. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

at Home

13. FATHER'S NAME

GEORGE W. BUSICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs Frank J. BUTLER 1571 ENSOR ST.

ADDRESS

18. 332 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1944 to Jan. 12, 1951, that I last saw the deceased alive on Jan. 11, 1951, and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan 15, 1951

New Cathedral Cemetery Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William Williams, M.D.

Edmund W. Conklin 924 E. Eager St.

6 pm. R. W. H. Granger
1520 E. 33 St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS D. McCaw

2. DATE
OF
DEATH

Jan. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2706 Elsinor Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

2706 Elsinor Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 1, 1870

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Revenue Agt.

10B. KIND OF BUSINESS OR INDUSTRY
U. S. Gov't.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

McCaw

14. MOTHER'S MAIDEN NAME

Unknown Atkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes Spanish American

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Miss E. Marie Gellerman - 2706 Elsinor Av

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

5 min?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11/14, 1949 to 1/11, 1951, that I last saw the deceased alive on 7/10, 1950, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Reiter

23B. ADDRESS

M. D.

3408 Windsor Ave.

23C. DATE SIGNED

1/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

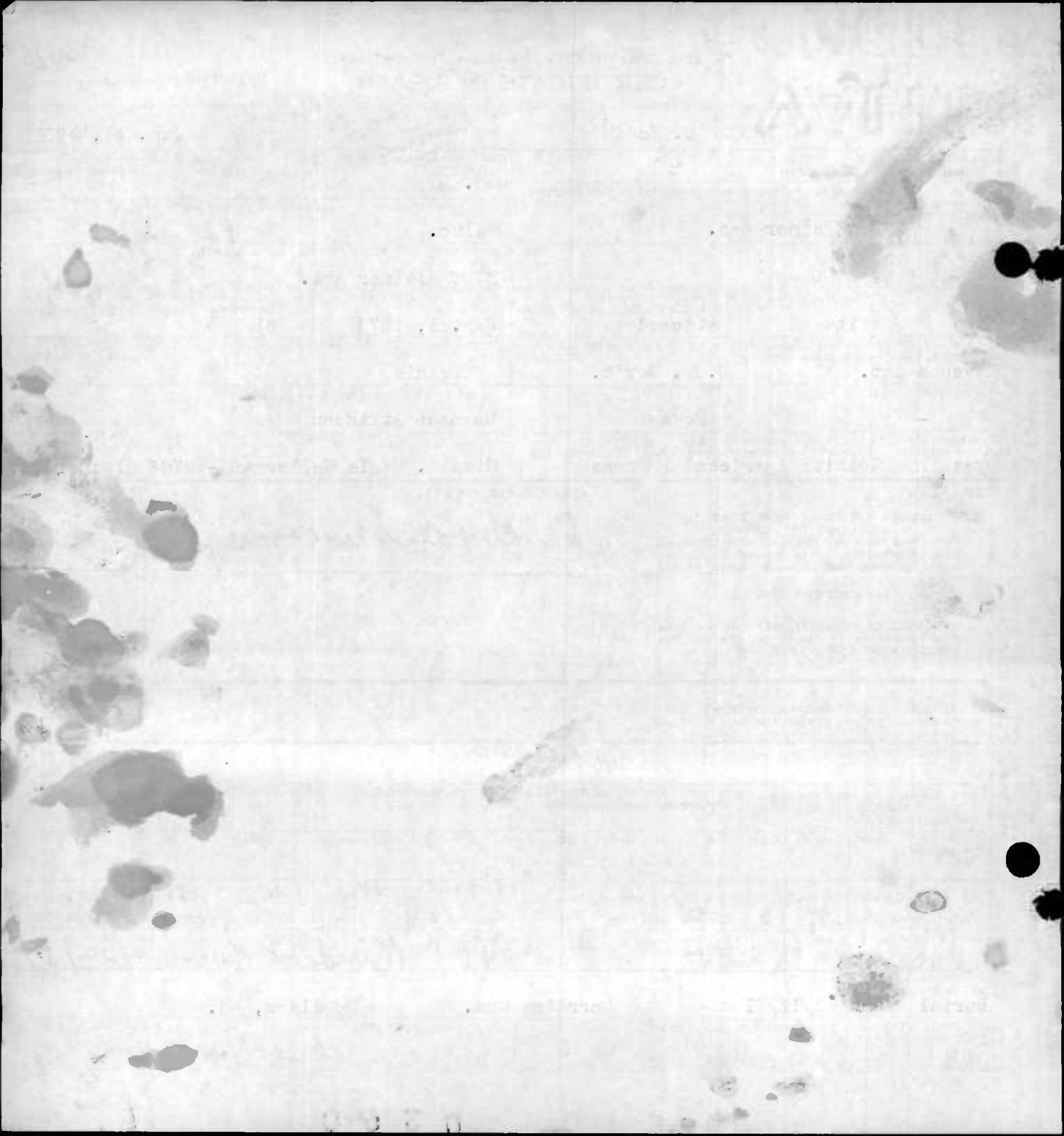
JAN 13 1951

William Williams, M.D.

26. M. J. Tichner & Sons - Balto, Md.

VS 150

83a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0362
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE STARK STEWART

2. DATE
OF
DEATH

Jan. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 2211 W. Rogers Ave.
INSTITUTION Methodist Home for the Aged

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Joseph B. Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-15

O. STREET ADDRESS (If rural, give location)
2211 W. Rogers Ave.

8. DATE OF BIRTH

June 10, 1863

9. AGE (in years last birthday)

87

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Eliza Baltz

17. INFORMANT

ADDRESS

Miss Miriam O. Coates - 2211 W. Rogers Ave.

18. 33/X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage
DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-sclerosis
DUE TO
(C)

20 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1951, to Jan. 10, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 2:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

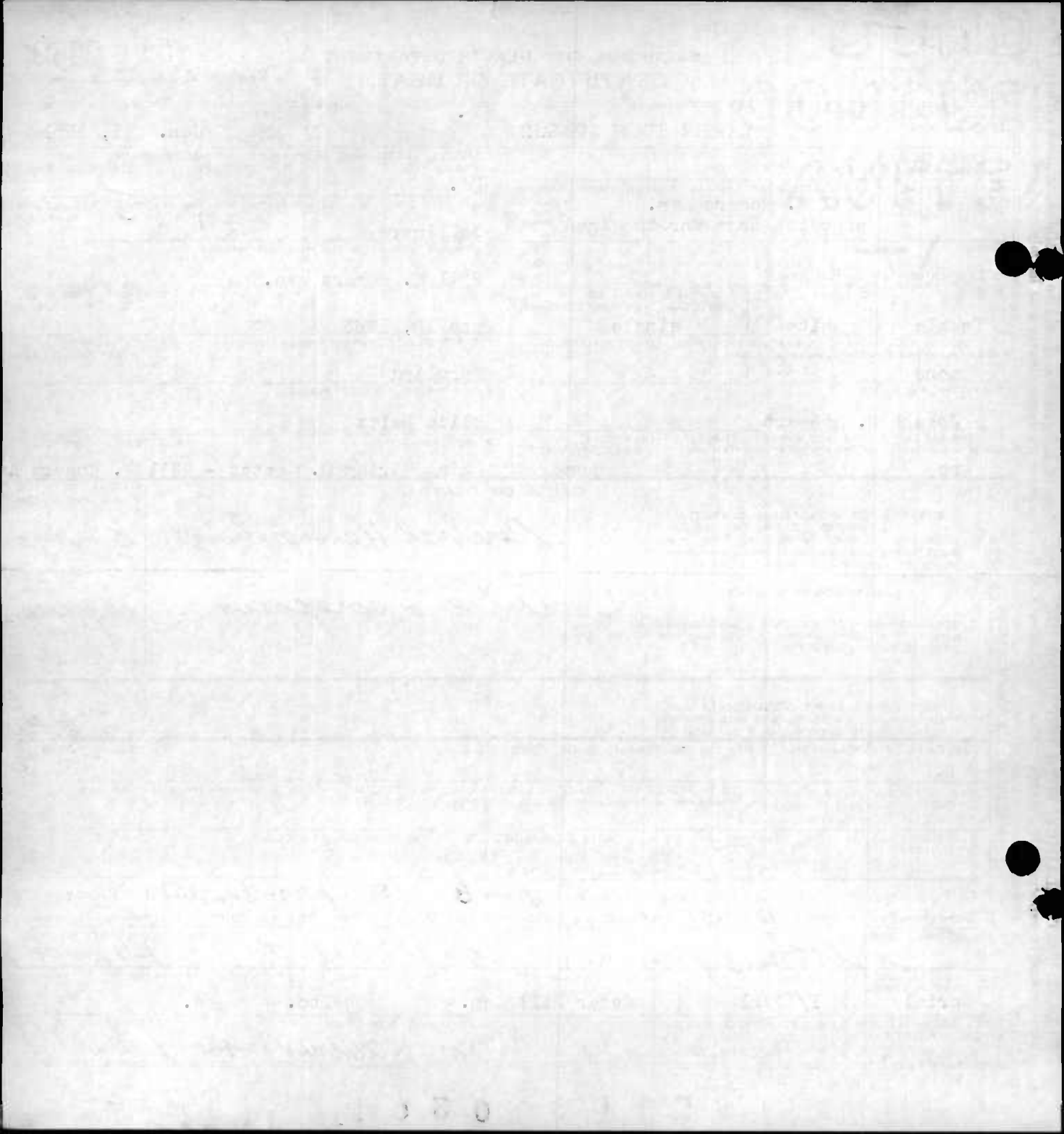
JAN 13 1951

Wm. J. Dickner & Son - Balto., Md.

VS 150

1 9 5 1 0 0 0 0 3 6 1

83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0363
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

G. WILBUR McBRIDE

2. DATE OF DEATH
Jan. 11, 1951

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2318 Eutaw Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY

Food Specialties for Bakers

13. FATHER'S NAME

George W. McBride

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
216-03-4246

17. INFORMANT

ADDRESS

Mrs. Miriam McBride - 2737 Winchester St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary Infarction

DUE TO

(C)

Immediate

2 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 11, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Joseph Zuercher

M. O.

23b. ADDRESS

2318 Eutaw Place

23c. DATE SIGNED

Jan 12/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1/13/51

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

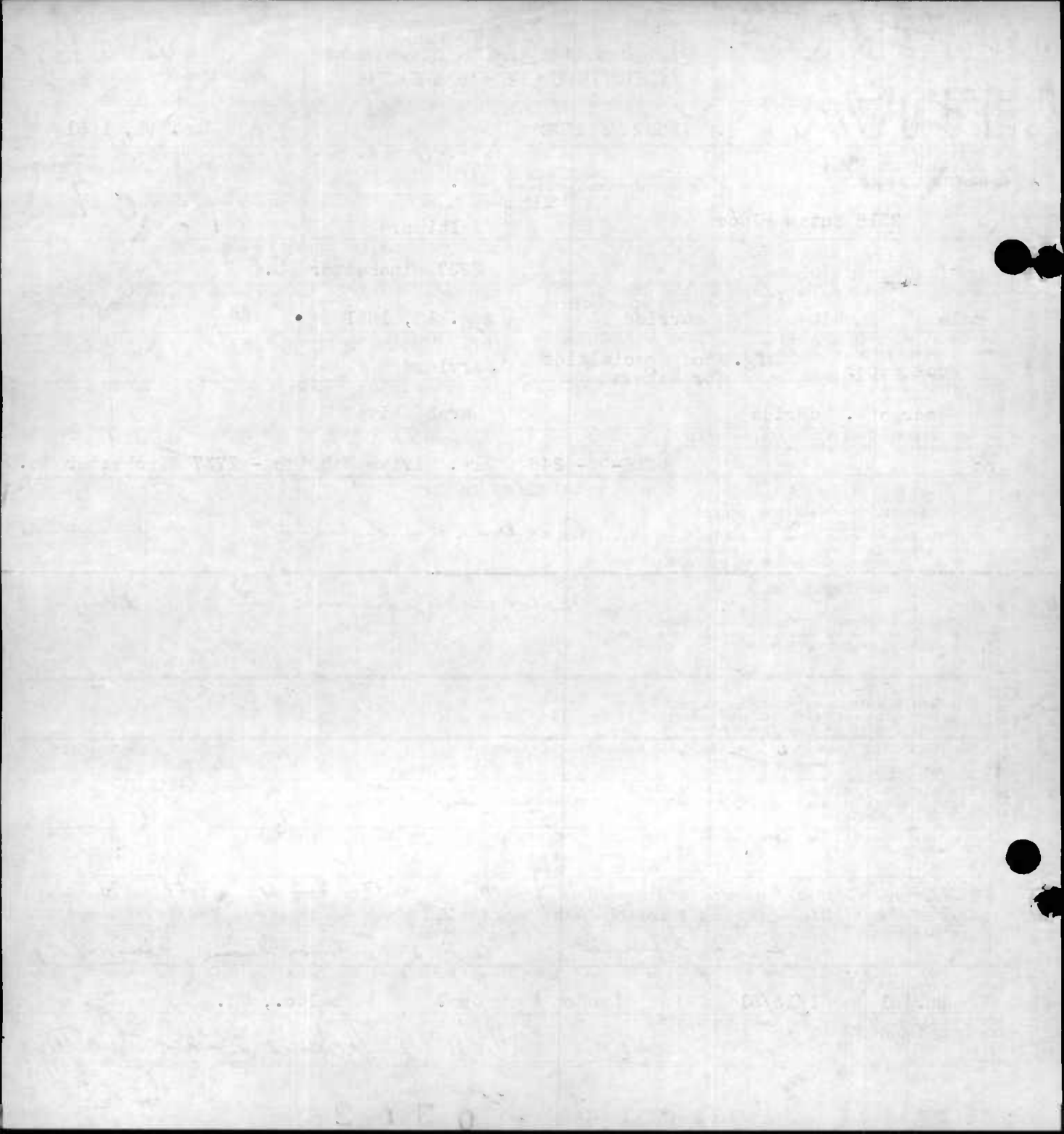
JAN 13 1951

William J. Lickner

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lickner & Sons - Balto., Md.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-255
51 0364

Deichmann
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

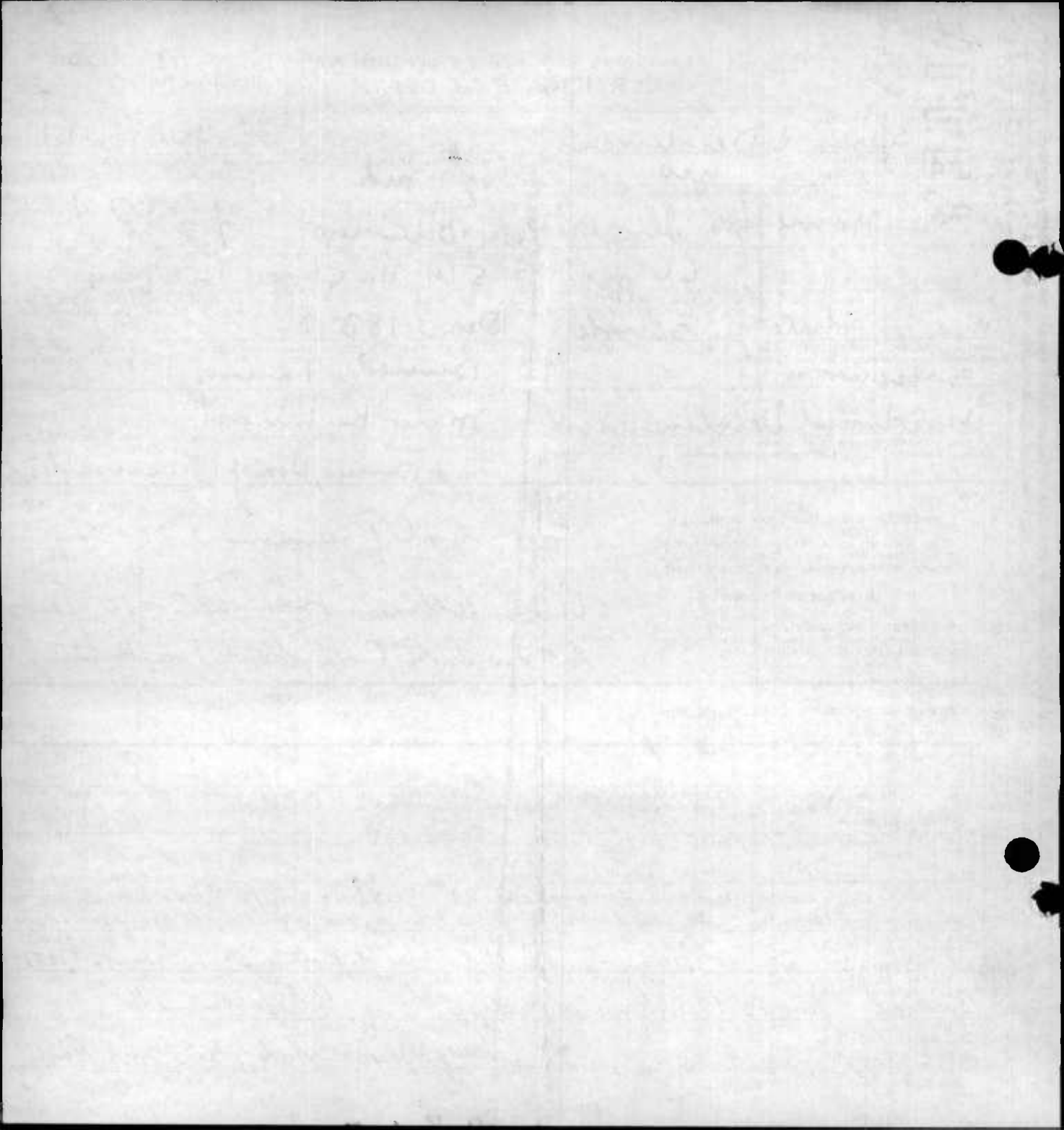
51 0364
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Chas. R. Deichmann		2. DATE OF DEATH Jan. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland yes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incusables		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04			
c. Length of stay in Baltimore 66 yrs.		D. STREET ADDRESS (If rural, give location) 514 N. Chapel Gate Lane			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 3, 1875	9. AGE (in years last birthday) 75 75	10. Under 1 Year Months: Days 1 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crystal, Tenn.	
13. FATHER'S NAME Dr. Edward Deichmann		14. MOTHER'S MAIDEN NAME Mary Kuhnert		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT M. F. Owens, Home for Incusables	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchial Pneumonia DUE TO	CAUSE OF DEATH Bronchial Pneumonia (A)	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Asthmatic Bronchitis DUE TO	Chronic Asthmatic Bronchitis (B)	12 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardio-Vascular Disease DUE TO	Arteriosclerotic Cardio-Vascular Disease (C)	Undetermined

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 20th 19 44 to Jan. 12th , 19 51 , that I last saw the deceased alive on Jan. 11th , 19 51 , and that death occurred at 2 45 m., from the causes and on the date stated above.					
23A. SIGNATURE Thomas Conrad Wolff, M.D.		23B. ADDRESS 11 E. Chase St. Baltimore 2 MD.		23C. DATE SIGNED Jan 12th 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan 15 1951		24C. NAME OF CEMETERY OR CREMATORY Lorinda Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Md		DATE RECEIVED BY LOCAL REGISTRAR JAN 13 1951		REGISTRAR'S SIGNATURE Henry H. Jenkins	
FUNERAL DIRECTOR Henry H. Jenkins		ADDRESS 64905 York Road			

937



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT			51 0365	
CERTIFICATE OF DEATH			Registered No. 51 0365	
BIRTH NO.			51 0365	
1. NAME OF DECEASED (Type or Print) EDWARD JOSEPH RYAN			2. DATE OF DEATH 1/11/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 344 Ilchester Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 344 Ilchester Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1877	9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY B & O RR.	11. BIRTHPLACE (State or foreign country) Cinn. Ohio	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael J. Ryan			14. MOTHER'S MAIDEN NAME Julia Besterman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mrs. K. Meade-344 Ilchester Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Coronary Disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 5 days 2 3				
19. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1/6, 1951, to 1/11, 1951, that I last saw the deceased alive on 1/9, 1951, and that death occurred at 4:30 a. m., from the causes and on the date stated above.				
23A. SIGNATURE James H. Kistner			23B. ADDRESS 721 Medical Center Bldg.	
23C. DATE SIGNED 1/12/51				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 1/15/51	
24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge Mem. Pk.			24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 13 1951			REGISTRAR'S SIGNATURE W. H. Williams	
VS 150			25. FUNERAL DIRECTOR Wiedefeld & Son GREENMOUNT AVE & 22ND 94a	

STANDARD - 100% COTTON
MADE IN U.S.A.

100% COTTON

100% COTTON

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C-100
51 0366BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0366

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John ALBERT CAVEY

2. DATE
OF
DEATH

Jan 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

8. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1918 LEMMON ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

20-03

D. STREET ADDRESS (If rural, give location)

1918 LEMMON ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 11, 1882

9. AGE (In years
last birthday)

68

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MILLHAND

10B. KIND OF BUSINESS OR
INDUSTRY

LUMBER

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH H CAVEY

14. MOTHER'S MAIDEN NAME

LYDIA A. CHANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.

219-01-0249

17. INFORMANT

Mrs. R. F. Young

ADDRESS

1918 LEMMON ST.

18.

162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma, bronchogenic

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950 to Jan, 1951, that I last saw the
deceased alive on Jan, 1951, and that death occurred at 8:45 A.M. from the causes and on the date stated above

23A. SIGNATURE

H. H. Bayless

M. D.

23B. ADDRESS

1600 Williams Ave

23C. DATE SIGNED

13 Jan 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

BALTO., MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

GEO. L. Schwab

25. FUNERAL DIRECTOR

GEO. L. Schwab

ADDRESS

2101 Frederick

JAN 14 1951
VS 150

690 31

0366

47

INSTRUMENTAL RECORDS
DEPARTMENT OF DEATH

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

1-26-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REGINALD

ROSS

2. DATE

OF

DEATH January 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

405 N. Dallas St.
1704 N. Franklin St.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 22-50

9. AGE (In years
last birthday)

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Ross

14. MOTHER'S MAIDEN NAME

Dorothea Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Dorothea Ross 406 Dallas St

18. E921.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

405 N. Dallas St.

21D. TIME (Month) (Day) (Year) (Hour)

Jan. 10, 1951

21E. INJURY OCCURRED
OF INJURY

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

January 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V.S. 151

N-933-9510000366

1951

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be written clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

P-142
51 0368
ND-144716

0368

BALTIMORE CITY HEALTH DEPARTMENT

51 0368

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Catherine V. Peeples

2. DATE
OF
DEATH

Jan. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1213 N. Broadway-City

c. Length of stay in Baltimore

(Life) 14 Yrs.

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married (Separated)

8. DATE OF BIRTH

? ? 1915

9. AGE (In years
last birthday)

35

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR
INDUSTRY

Doctor Office

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

James A. Vaughan

14. MOTHER'S MAIDEN NAME

Martha A. Clibon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

330X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Sub-arachnoid Hemorrhage

10 Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Malignant Hypertension

5 Yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 1-2, 1951, to 1-12, 1951, that I last saw the
deceased alive on 1-12, 1951, and that death occurred at 12:50am, from the causes and on the date stated above.

23A. SIGNATURE

J. S. [Signature] M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/15/1951

Emporia Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

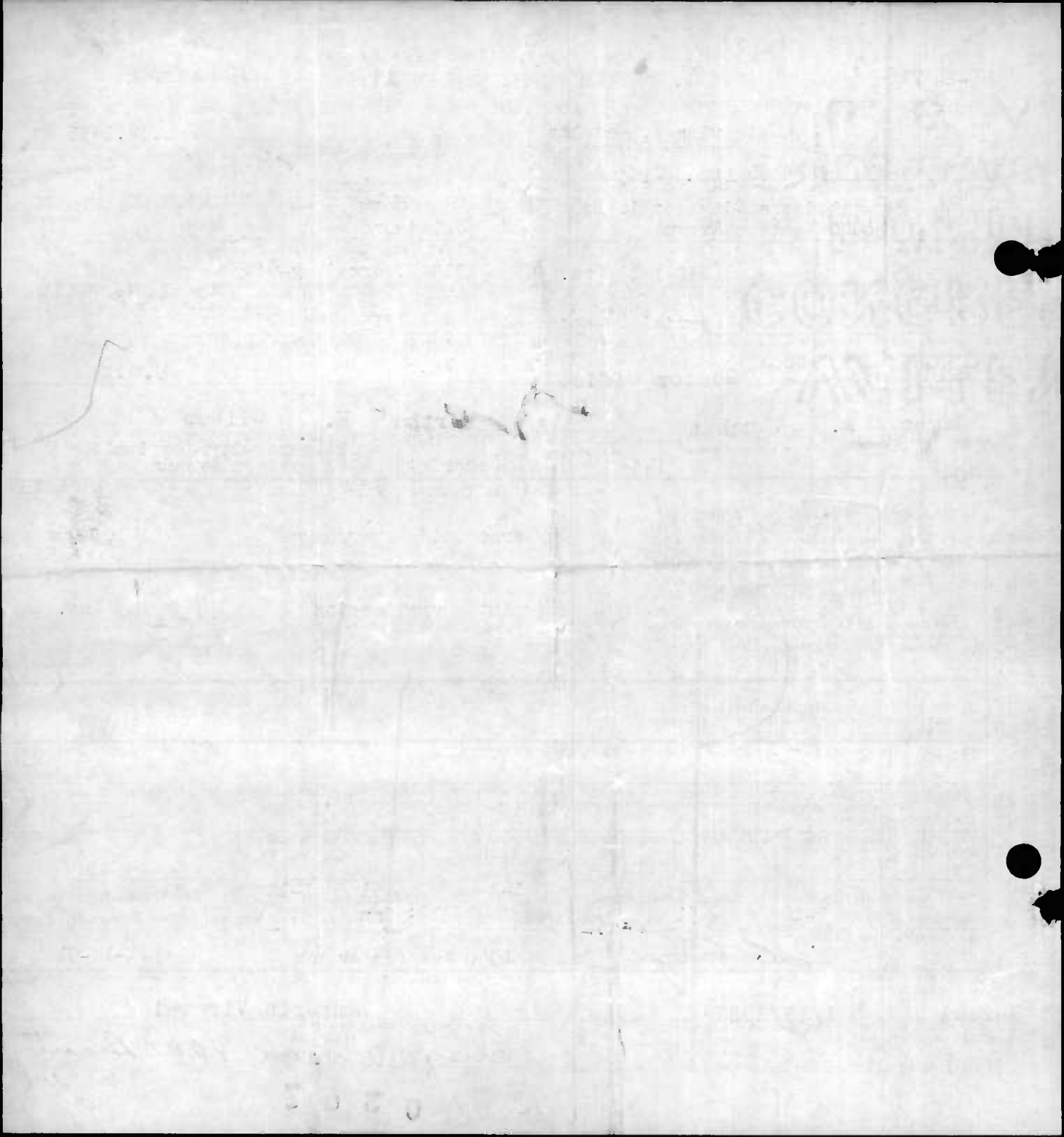
JAN 14 1951

VS 150

Elroy O. Wilson 1000 Beatty
and

79050000367

83a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be as fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6-524

0369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0369

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES P. ENGEL

2. DATE
OF
DEATH

Jan 13 / 57

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6212 Green Spring Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Encephalomalacia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Arteriosclerosis
Hypertensive and Atherosclerotic
Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June, 1950, to 1/13, 1957, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

9510000360

937

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs.]

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

N-000 51 0370
J L 145008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0370
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Joseph Nee, Jr.

2. DATE
OF
DEATH 1-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4940 Eastern Ave.
Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1749 Carswell St. -18

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 20, 1925

9. AGE (In years last birthday)

25

10 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Nee, Sr.

14. MOTHER'S MAIDEN NAME

Delia King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

10 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

2 yrs.

(C) Chronic Glomerulonephritis

7 yr.s

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-11-51, 1951, to Jan. 12-1951 that I last saw the deceased alive on Jan. 12, 1951, and that death occurred at 1.15 AM from the causes and on the date stated above.

23A. SIGNATURE

P. S. O'Brien M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/15/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

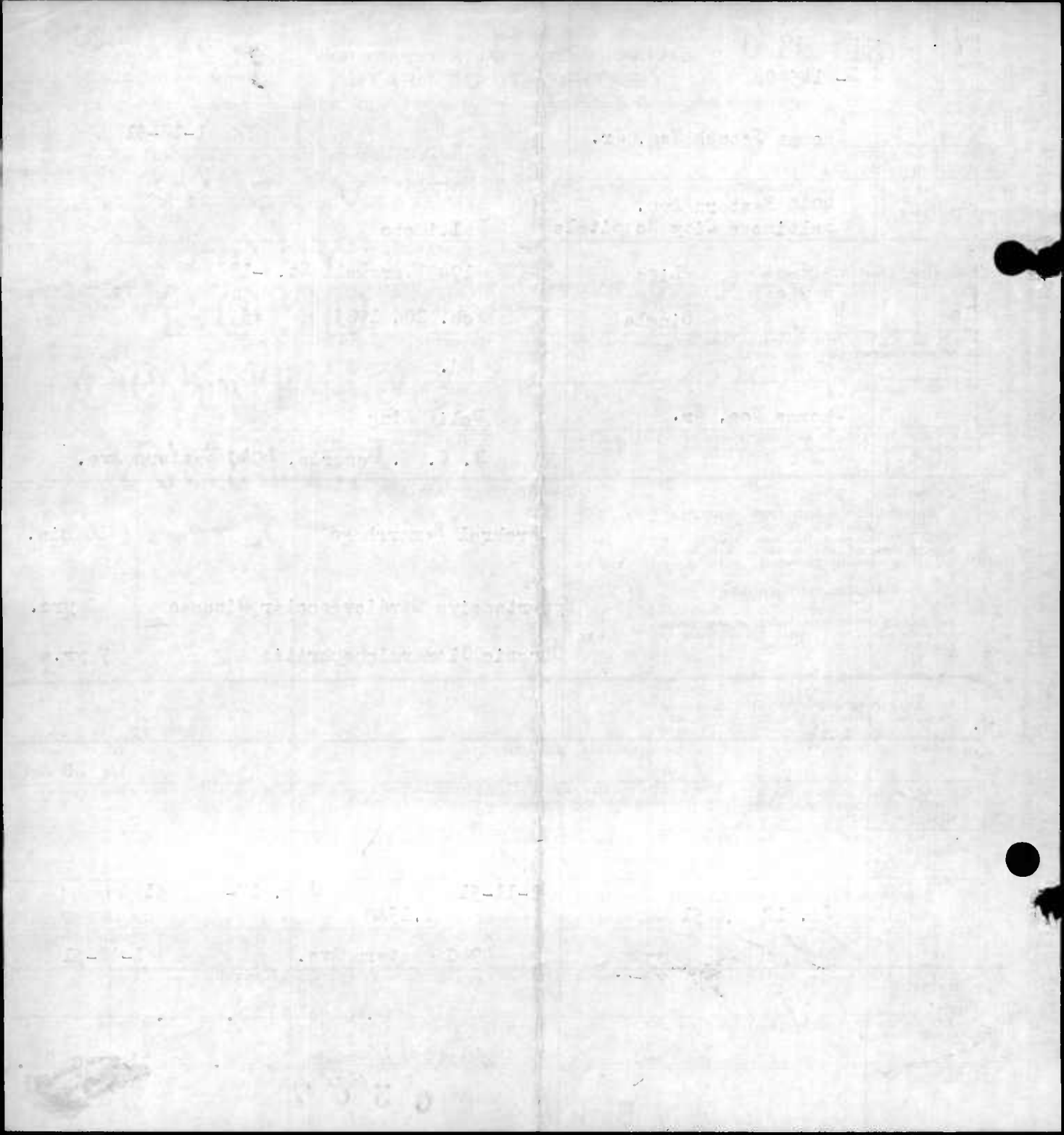
ADDRESS

John A. Moran 3000 E. Baltimore St.

JAN 15 1951

1951 0000382

131a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

M-526371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 51 0371
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Mongold

2. DATE
OF
DEATH

JAN 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-5

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-8-13

9. AGE (In years
last birthday)

37

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Guy Mongold

14. MOTHER'S MAIDEN NAME

Edith Cymour

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 526X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Operations for
Bronchiectasis
and

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Empyema.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/13/50

19B. MAJOR FINDINGS OF OPERATION

Bronchiectasis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 12-8-50, 19, to 1-13-1951, that I last saw the
deceased alive on 1-13-1951, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Johns

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

1/13/51

24C. NAME OF CEMETERY OR CREMATORY

Western Port Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John A. Moran

25. FUNERAL DIRECTOR

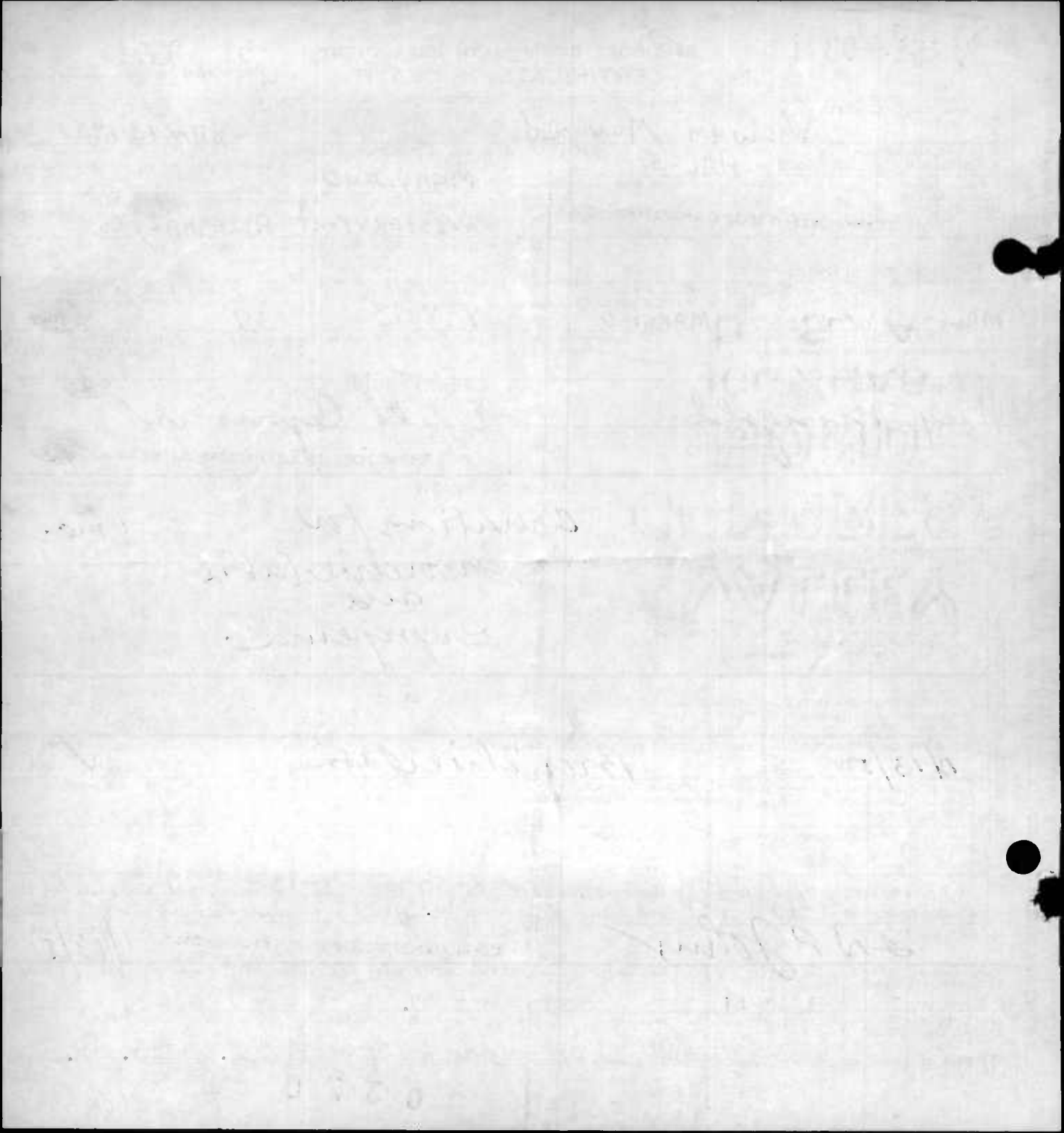
ADDRESS

3000 E. Balto. St.

JAN 14 1951

1951 0000370

106B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-620
51 0372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0372
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sebastian Tuerke</i>		2. DATE OF DEATH <i>1/12/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE, Catonsville</i>	
D. STREET ADDRESS (If rural, give location) <i>Whitfield & Old Frederick Rds.</i>		E. LENGTH OF STAY IN BALTIMORE <i>Life</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 1, 1896</i>
9. AGE (In years last birthday) <i>54</i>		10. UNDER 1 Year: Months <i>54</i> Days <i>54</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hardwood finisher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Chair Mfg.</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Tuerke</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Auhl</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>219-01-1996</i>	
17. INFORMANT <i>Mrs. Annie D. Tuerke</i>		18. ADDRESS <i>Whitfield & Old Frederick Rds.</i>	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. *420 I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary edema*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Artery Disease*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-10</i> , 19 <i>51</i> , to <i>1-12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-12</i> , 19 <i>51</i> , and that death occurred at <i>1:15</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome Gaber</i>		23B. ADDRESS <i>M. D. Lutheran Hosp</i>		23C. DATE SIGNED <i>1/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>1/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Tuscaloosa Mem. Park.</i>	
24D. LOCATION (City, town, or county) (State) <i>Tuscaloosa, Ala.</i>		24E. FUNERAL DIRECTOR <i>BENNY SANDER & SONS, INC.</i>		24F. ADDRESS <i>BALTO., 13, MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 14 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		24G. SIGNATURE <i>Seay V. Smith</i>	

VS 150

1951 670 32

94a

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO. _____
COUNTY OF _____
TOWN OF _____

DECEASED: _____
AGE: _____
SEX: _____
MARRIAGE: _____
OCCUPATION: _____
EDUCATION: _____
RELIGION: _____
BIRTH: _____
DEATH: _____

CAUSE OF DEATH: _____
MANNER OF DEATH: _____
PLACE OF DEATH: _____
DATE OF DEATH: _____
TIME OF DEATH: _____
HOURS: _____
MINUTES: _____
SECONDS: _____

DECEASED'S RESIDENCE: _____
DECEASED'S OCCUPATION: _____
DECEASED'S EDUCATION: _____
DECEASED'S RELIGION: _____
DECEASED'S MARRIAGE: _____
DECEASED'S AGE: _____
DECEASED'S SEX: _____

DECEASED'S BIRTH: _____
DECEASED'S DEATH: _____
DECEASED'S PLACE OF DEATH: _____
DECEASED'S MANNER OF DEATH: _____
DECEASED'S CAUSE OF DEATH: _____
DECEASED'S OCCUPATION: _____
DECEASED'S EDUCATION: _____

DECEASED'S RELIGION: _____
DECEASED'S MARRIAGE: _____
DECEASED'S AGE: _____
DECEASED'S SEX: _____
DECEASED'S BIRTH: _____
DECEASED'S DEATH: _____
DECEASED'S PLACE OF DEATH: _____

DECEASED'S MANNER OF DEATH: _____
DECEASED'S CAUSE OF DEATH: _____
DECEASED'S OCCUPATION: _____
DECEASED'S EDUCATION: _____
DECEASED'S RELIGION: _____
DECEASED'S MARRIAGE: _____
DECEASED'S AGE: _____

DECEASED'S SEX: _____
DECEASED'S BIRTH: _____
DECEASED'S DEATH: _____
DECEASED'S PLACE OF DEATH: _____
DECEASED'S MANNER OF DEATH: _____
DECEASED'S CAUSE OF DEATH: _____
DECEASED'S OCCUPATION: _____

DECEASED'S EDUCATION: _____
DECEASED'S RELIGION: _____
DECEASED'S MARRIAGE: _____
DECEASED'S AGE: _____
DECEASED'S SEX: _____
DECEASED'S BIRTH: _____
DECEASED'S DEATH: _____

DECEASED'S PLACE OF DEATH: _____
DECEASED'S MANNER OF DEATH: _____
DECEASED'S CAUSE OF DEATH: _____
DECEASED'S OCCUPATION: _____
DECEASED'S EDUCATION: _____
DECEASED'S RELIGION: _____
DECEASED'S MARRIAGE: _____

DECEASED'S AGE: _____
DECEASED'S SEX: _____
DECEASED'S BIRTH: _____
DECEASED'S DEATH: _____
DECEASED'S PLACE OF DEATH: _____
DECEASED'S MANNER OF DEATH: _____
DECEASED'S CAUSE OF DEATH: _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-425
51 0373

51 0373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JESSE J. FLEGMAN

2. DATE
OF
DEATH

1-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

B. FULL NAME OF HOSPITAL OR INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4020 "oodhaven Ave

c. Length of stay in Baltimore

23 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 24, 1893

9. AGE (In years last birthday)

57

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Credit Man - C. Hollberger & Co

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Simon Flegman

14. MOTHER'S MAIDEN NAME

Rebecca Herman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
214-03-6077

17. INFORMANT ADDRESS
Mrs Evelyn Flegman 4020 "oodhaven Ave

18. 541.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Bleeding duodenal ulcer

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema, Hypertensive heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-9-1951, to 1-11-1951, that I last saw the deceased alive on 1-11-1951, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stefanis

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan, 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1126

JAN 14 1951

VS 150

Sol. Swinson & Sons, W North Ave

1951 6204670 372

117B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0374**

BIRTH NO. **51-00833**

1. NAME OF DECEASED (Type or Print) Baby Boy Boyd		2. DATE OF DEATH 1/9/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 1 Day		D. STREET ADDRESS (If rural, give location) 4923 Brookford Rd.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1/8/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Oscar Linwood Boyd		14. MOTHER'S MAIDEN NAME Mildred Heppding	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS Same	

MEDICAL CERTIFICATION

18. 7593 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Conjunctal malformation of Chest		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity		1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 8, 1951 , to Jan 9, 1951 , that I last saw the deceased alive on Jan 9, 1951 , and that death occurred at 9:00 P. M. , from the causes and on the date stated above.		
23A. SIGNATURE Richard H. Johnson	23B. ADDRESS Mary Hospital	23C. DATE SIGNED 1/9/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 15, 1951	24C. NAME OF CEMETERY OR CREMATORY Balto
24D. LOCATION (City, town, or county) Balto	(State) Md	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE John Williams, M.D.	25. FUNERAL DIRECTOR A. B. Ward & Son
		ADDRESS 14 W. 16th Street

JAN 14 1951

1951 0000 0373

Da 0203 159

RECEIVED
OFFICE OF THE
SHERIFF

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

IN SENATE
JANUARY 1, 1901

REPORT OF THE
SHERIFF

FOR THE YEAR
1900

AND
FOR THE YEAR
1901

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FOR THE YEAR
1902

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FOR THE YEAR
1903

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FOR THE YEAR
1904

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FOR THE YEAR
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FOR THE YEAR
1906

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FOR THE YEAR
1907

AND
FOR THE YEAR
1908

AND
FOR THE YEAR
1909

AND
FOR THE YEAR
1910

PLEASE WRITE FAIRLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-630
51 0375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Andrew Antoni KWARTA</i>		2. DATE OF DEATH <i>Jan. 11-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY, <i>Md.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2324 Cambridge St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 1-04</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2324 Cambridge St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 16-1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cyber operator.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Packing House</i>	9. AGE (In years, last birthday) <i>54</i>
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Andrew Kwarta</i>		14. MOTHER'S MAIDEN NAME <i>Agnes Sote</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>218-05-1889</i>	
17. INFORMANT <i>Mary Kwarta</i>		ADDRESS <i>2324 Cambridge St.</i>	

CAUSE OF DEATH

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Disease of coronary arteries</i>	(A) _____ DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>with occlusion</i>	(B) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arterio sclerosis; generalized</i>	(C) _____ DUE TO	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>May 17</i> , 1950, to <i>Jan 11</i> , 1951, that I last saw the deceased alive on <i>Oct. 10</i> , 1950, and that death occurred at <i>6:55 p. m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Sigmund R. Nowak</i>		23B. ADDRESS <i>408 S. Patterson Park Ave.</i>		23C. DATE SIGNED <i>1-12-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 15-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. City Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wm. D. Fialkowski</i>	25. FUNERAL DIRECTOR <i>Wm. D. Fialkowski</i>		
ADDRESS		ADDRESS <i>2007 Eastern Ave</i>		

JAN 14 1951

1951 00 69063

94a

RECEIVED
JAN 10 1967

VALLEY
CO-OP
ROCK
A

THE UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C. 20250

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-250
51 0376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0376
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE
FANNY ROSEN

2. DATE
OF
DEATH

1-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1701 Ellement St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Fennblatt Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-03

D. STREET ADDRESS (If rural, give location)

607 So Smallwood St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS, OR INDUSTRY

Saleswoman Dept Store

Baltimore Md

13. FATHER'S NAME

Max

12. CITIZEN OF WHAT COUNTRY?

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Kena Needle - Oaklee Village

18.

443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardio-Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

5 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Kypho-Scoliosis. severe

35 YRS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1950, to Jan. 13, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 10:47 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert J. Hume

M. D.

1801 Eutaw Pl

1/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Jan 14 1951

Wm. J. Williams, M.D.

Jack Lewis Jr 2100 Eutaw Pl

151 049066 375

937

Dr. Hindle

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-6512 0377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0377
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise (Lucy) Armistead

2. DATE
OF
DEATH

Jan 11 / 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

C. CITY OR TOWN

Balti.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1012 E Hoffman St

c. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

7.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept 4, 1884

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kennesaw

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Hoffman

14. MOTHER'S MAIDEN NAME

Lucy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thorton Armistead

18. 162X I

CAUSE OF DEATH 1012 E Hoffman St

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Primary Carcinoma of lungs (6-69)

7

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/2 1950 to 1/11 1951, that I last saw the deceased alive on 1/11 1951, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Preston Grant

M. D.

23B. ADDRESS

601 N. Carrollton

23C. DATE SIGNED

1/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 14 / 51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus M. Park

24D. LOCATION (City, town, or county)

Arbutus Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AN 14 1951

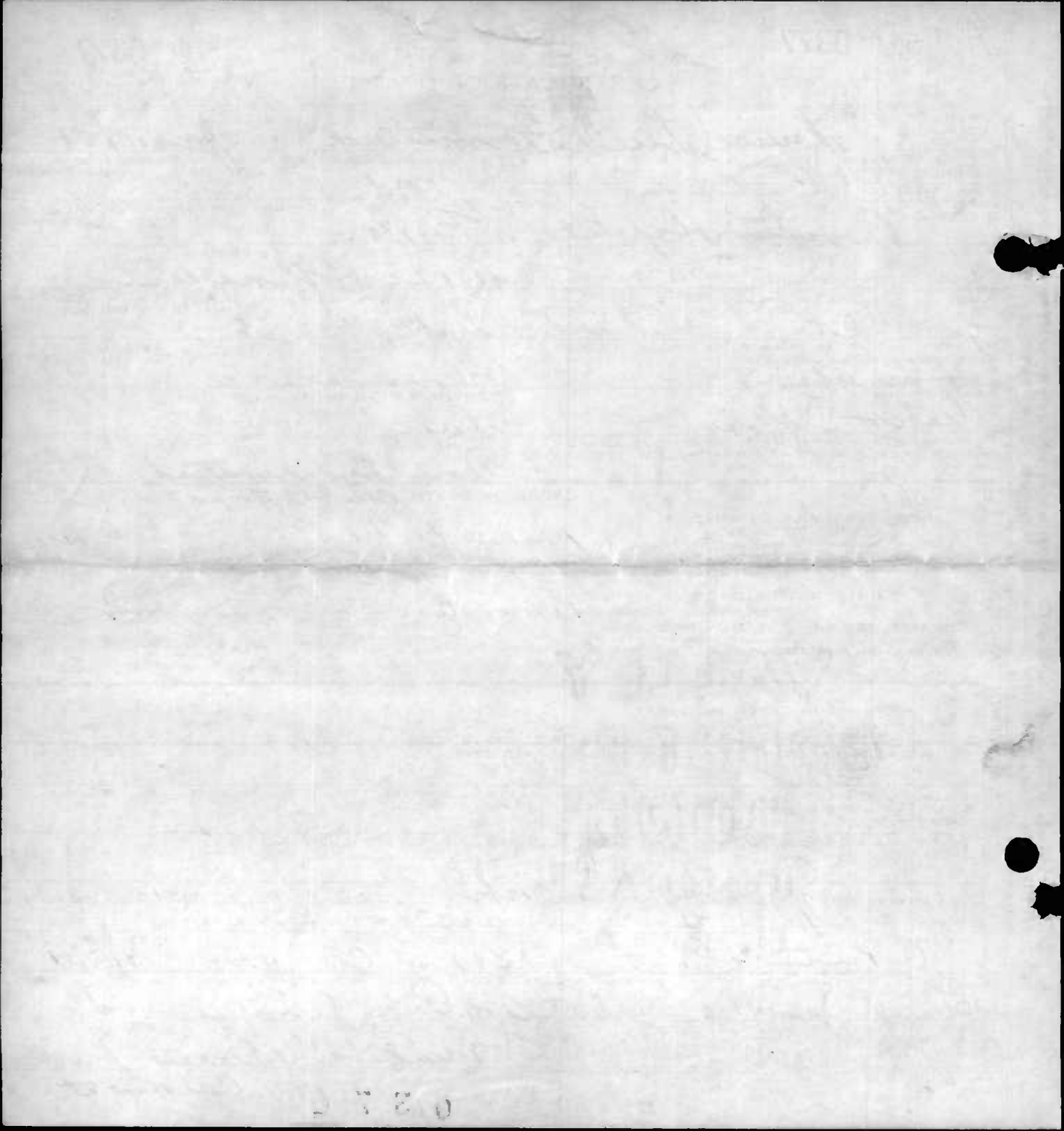
REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. P. G. Elliott, Daughter

ADDRESS



B-526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0378
Registered No.

BIRTH NO. 51-0378-27880

1. NAME OF DECEASED
(Type or Print)

Soyce Ann Baumgarten

2. DATE
OF
DEATH

Jan 12th 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-02

D. STREET ADDRESS (If rural, give location) 1833 Montford Ave.

c. Length of stay in Baltimore Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-21-50

9. AGE (In years last birthday)

19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

Gordon Henry Baumgarten

14. MOTHER'S MAIDEN NAME

Gloria Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) meningococci

DUE TO

(C) Spina rifida

INTERVAL BETWEEN ONSET AND DEATH

Spontaneous

"

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25/50 to 1/13, 1951, that I last saw the deceased alive on 1/12, 1951, and that death occurred at 6:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret Louise Cardwell

23B. ADDRESS

1833 Montford Ave

23C. DATE SIGNED

1/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 15 1951

24C. NAME OF CEMETERY OR CREMATORY

Leedar Hill

24D. LOCATION (City, town, or county)

1701-25 N. Patterson Park Ave

DATE RECEIVED BY LOCAL REGISTRAR

JAN 14 1951

25. FUNERAL DIRECTOR

ADDRESS

1701-25 N. Patterson Park Ave

19510000377

157B

1911

Mar 1st

Mar 2nd

Mar 3rd

Mar 4th

Mar 5th

Mar 6th

Mar 7th

Mar 8th

Mar 9th

Mar 10th

Mar 11th

Mar 12th

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-200 51 0379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0379
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adam Pyszkiewicz

2. DATE OF DEATH

Jan. 12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 733 S. Luzern Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Michael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Victoria Pyszkiewicz, 733 S. Luzern Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 days 2 hours

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
1/12/51 5:30 a. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1950, to 1/12, 1951, that I last saw the deceased alive on 1/11, 1951 and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Adrian Sikorsky

23B. ADDRESS

2929 The Old Forge

23C. DATE SIGNED

1/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 15/51 Holy Rosary

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 14 1951

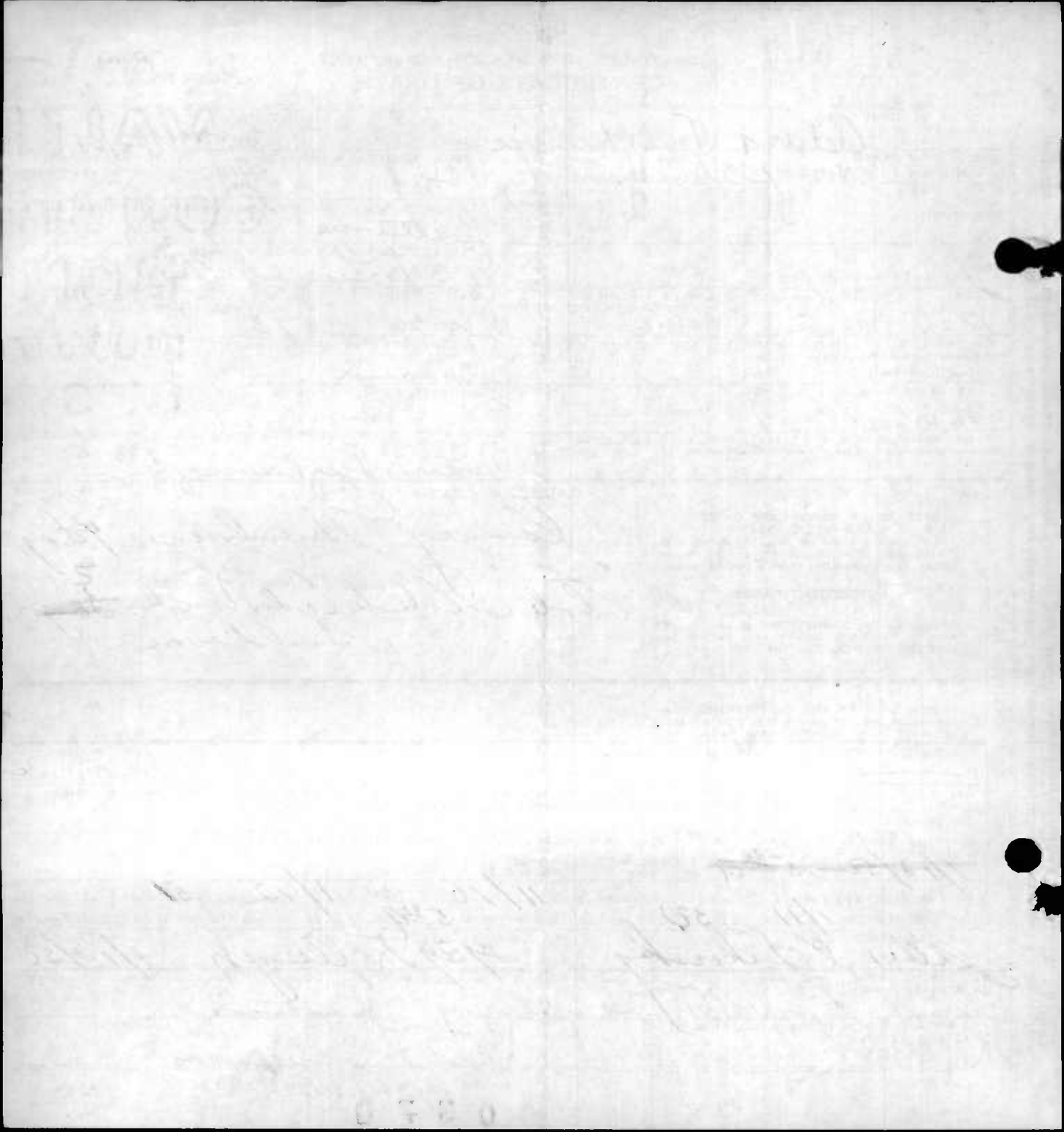
REGISTRAR'S SIGNATURE

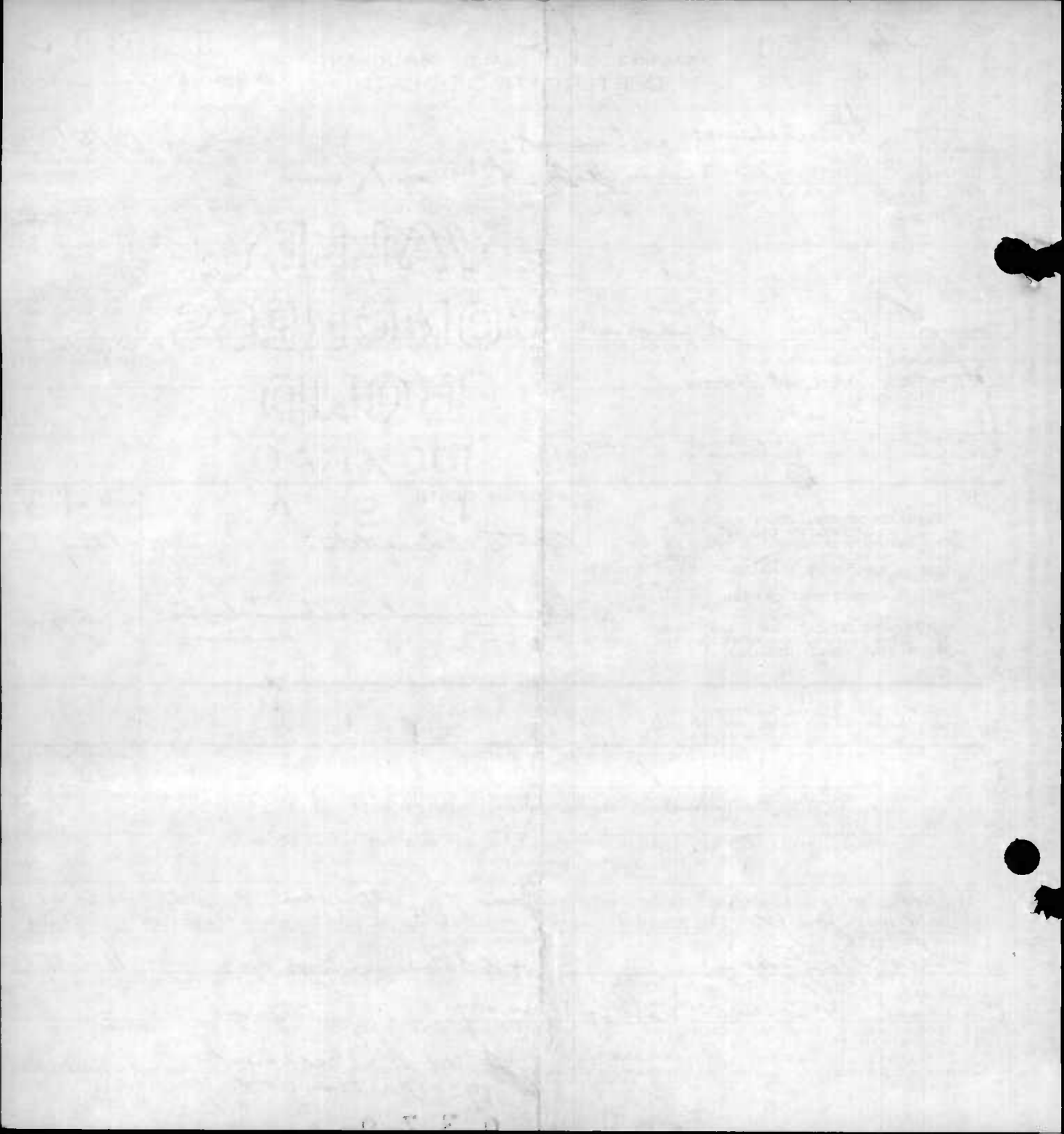
Walter J. Williams, Jr.

25. FUNERAL DIRECTOR

Fred W. Ozasowski

ADDRESS





T-300

51 0381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0381

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Thomas Tutt Sr.

2. DATE
OF
DEATH

Jan 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

883 W. Fayette Street

c. Length of stay in Baltimore

6 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 30, 1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Appling Ga.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Tutt

14. MOTHER'S MAIDEN NAME

Savannah Cobb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Tutt 883W. Fayette Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

Several days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C. V. R. Disease

Years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to January 12, 1951, that I last saw the
deceased alive on Jan 12, 1951, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman

M. D.

23B. ADDRESS

206 S. Gilmer St.

23C. DATE SIGNED

1/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/14/51

24C. NAME OF CEMETERY OR CREMATORY

Family Lot

24D. LOCATION (City, town, or county)

Augusta Georgia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home

JAN 14 1951

1631 Druid Hill Ave.

131a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MEDICAL CERTIFICATION

OFFICE OF THE
SHERIFF

1912

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M-460

51 0382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0382
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MONA Miller

2. DATE
OF
DEATH

Jan. 11/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University of Maryland

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12-23-1950, to 1-11-1951, that I last saw the
deceased alive on 1-11-1951, and that death occurred at 4-P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1951

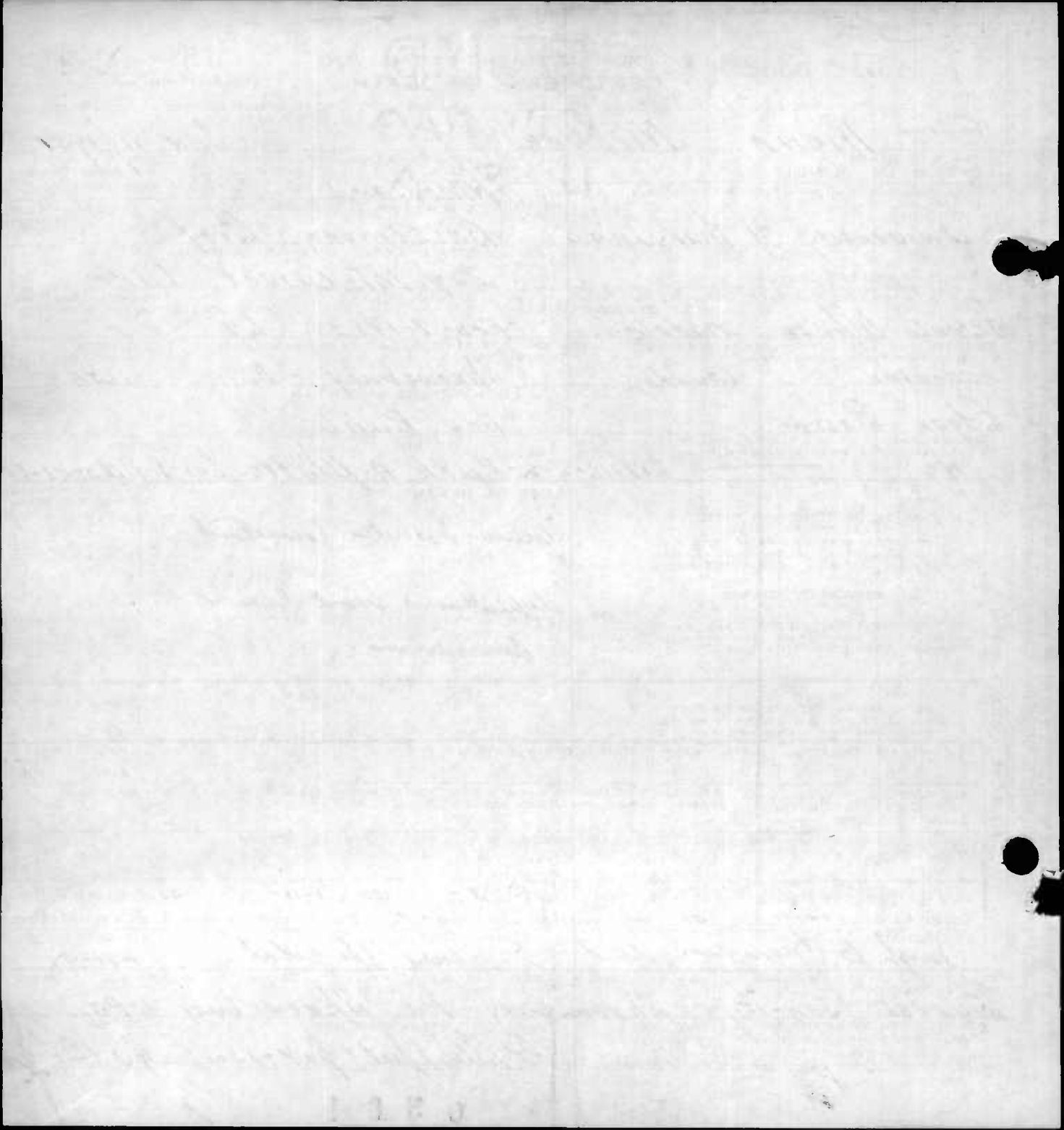
VS 150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1951 643 86381

937



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0383
Registered No. 51-0383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Lentz

2. DATE
OF
DEATH

Jan. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3110 Fait Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3110 Fait Ave.

c. Length of stay in Baltimore

32 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 6, 1890

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Patrolman

10B. KIND OF BUSINESS OR
INDUSTRY

Sparrows Point
Police Dept.

11. BIRTHPLACE (State or foreign country)

Kirkwood, Ill.

12. CITIZEN OF
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

John Lentz

14. MOTHER'S MAIDEN NAME

Jennie Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. W. #1

16. SOCIAL
SECURITY NO.
218-05-6977

17. INFORMANT

ADDRESS

Lurellah Johnson-8525 Phila. Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Coronary Occlusion

24 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Coronary Arteriosclerosis

5 Yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1949, to Jan. 11, 1951, that I last saw the
deceased alive on Jan. 11, 1951, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LeDoux

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

1/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

Balto..Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

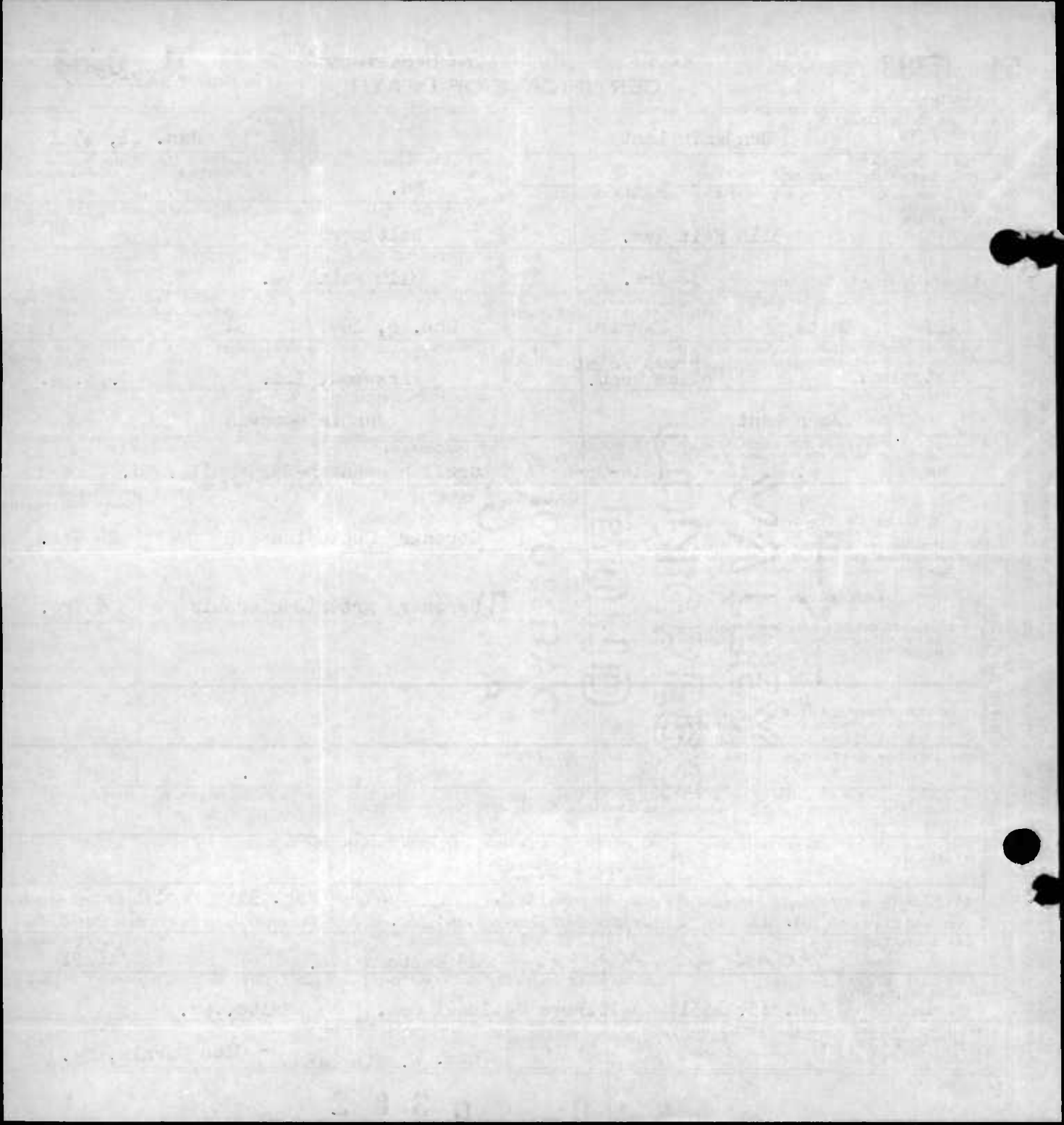
ADDRESS

Thos. W. Singleton - Glen Burnie, Md.

VS 150

51 0383

1949



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-320

51 0384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0384

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Marcus Notes			2. DATE OF DEATH 1/14/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Washington D.C. B. COUNTY V-48		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore One month			D. STREET ADDRESS (If rural, give location) 2445 - 15th Street N.W. Wash. D.C.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 14th 1865		9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Notes			14. MOTHER'S MAIDEN NAME Dora (Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

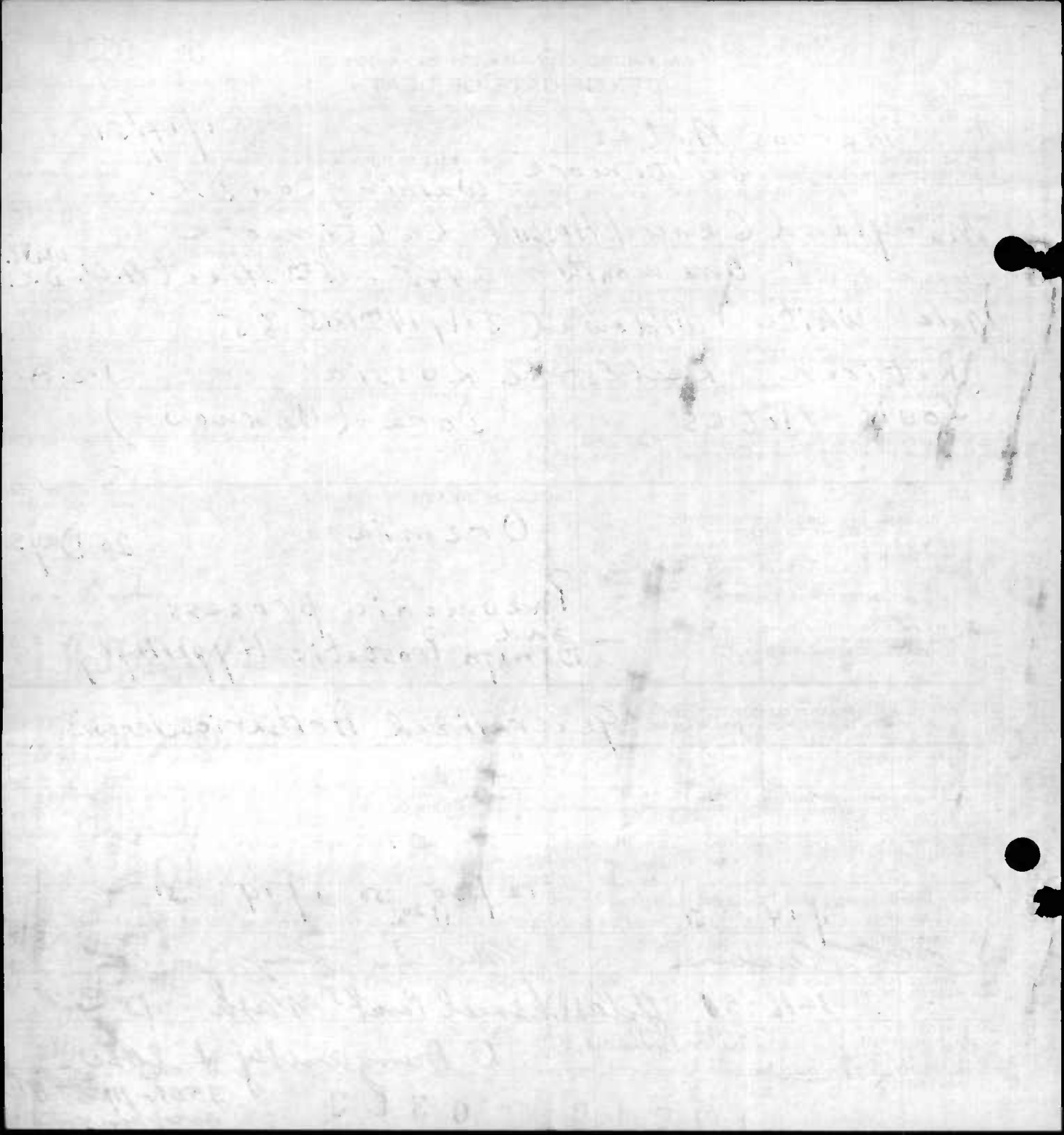
MEDICAL CERTIFICATION

18. 610 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia	CAUSE OF DEATH (A) Uremia DUE TO (B) Pneumonic process DUE TO and (C) Benign Prostatic Hypertrophy	INTERVAL BETWEEN ONSET AND DEATH 20 Days.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/30/50 to 1/14/51 , that I last saw the deceased alive on 1/14/51 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE V.H. Bender		23B. ADDRESS Md. Sec Hosp.		23C. DATE SIGNED 1-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1-16-51		24C. NAME OF CEMETERY OR CREMATORY Adas Israel Cent Wash DC	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR B Dargansky & Sons		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		REGISTRAR'S SIGNATURE Walter Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

VS 150

19510000385137a 3661-14 st NW Washington



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0385
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED

(Type or Print) **DEKATO** **DAKOTA** **COOK**

2. DATE OF DEATH

January 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-1-1913

9. AGE (In years last birthday)

37

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Fruit Comm.

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

(W)

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

no.

17. INFORMANT

718-05-2663

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease with terminal cardiac failure**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/17/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

W. H. Williams, Jr.

A. Halstead - 918 - 937

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Buzid at Hill Ave.

UNITED STATES DEPARTMENT OF HEALTH
CENTRO DE SALUD

INVESTIGACION

LABORATORIO

RECEIVED

DATE

TIME

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0386		BALTIMORE CITY HEALTH DEPARTMENT		51 0386	
CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) EMMA STREAMS			2. DATE OF DEATH January 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 716 Druid Hill Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 716 Druid Hill Avenue		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH ?-?-1875	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) ?
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME ?		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, age or unknown) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Margaret Boye - 576 - Offord St.		
18. 434.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Kyphoscoliosis of dorsal spine DUE TO					
ANTECEDENT CAUSES (B) Kyphoscoliotic heart disease DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inq. & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley B. Duncan		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/17/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR Jan 15 1951		24F. REGISTRAR'S SIGNATURE W. Halstead	
24G. FUNERAL DIRECTOR W. Halstead		24H. ADDRESS 918 -		24I. ADDRESS 154 B U	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
51 0387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0387

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MAUD DUNIE		2. DATE OF DEATH January 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3706 Nortonia Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3706 Norchester Road			
5. SEX Female	6. COLOR OR RACE whitw	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1878	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Charles Levenwall		12. CITIZEN OF WHAT COUNTRY? USA		14. MOTHER'S MAIDEN NAME Belle Levinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mack Dunie- 1632 Gwynns Falls Pkwy.	
18. 331X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage Bronchial Pneumonia DUE TO INTERVAL BETWEEN ONSET AND DEATH 1/10/51 1/12/51					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/10 , 19 51 , to 1/14 , 19 51 , that I last saw the deceased alive on 1/14 , 19 51 , and that death occurred at 9:45 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Harry Lachman M. D.		23B. ADDRESS 2322 Calloway		23C. DATE SIGNED 1/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/15/51		24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim Congregation	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Sol. Levinson & Bus. 1124-26 W. North Avenue			
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		REGISTRAR'S SIGNATURE Frank J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Sol. Levinson & Bus. 1124-26 W. North Avenue	

1951 0387

83a Avenue

VALLEY

STANDARD

BOARD

OFFICE

U. S. A.

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CLARENCE SPRIGGS GLASSMYER

2. DATE
OF
DEATH

Jan. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

47 years

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

Newspaper-Sun.

13. FATHER'S NAME

Wendell Glassmyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

213-03-2641

17. INFORMANT

ADDRESS

Roger Glassmyer 3115 Lawnview Ave.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Sclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

Instantaneous

5 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1951 to January 11, 1951, that I last saw the deceased alive on January 11, 1951 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frederic P. Palek

23B. ADDRESS

4200 Sheldon Avenue

23C. DATE SIGNED

January 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 15 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

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12 11 years old

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0389
Registered No. _____

BIRTH NO. _____

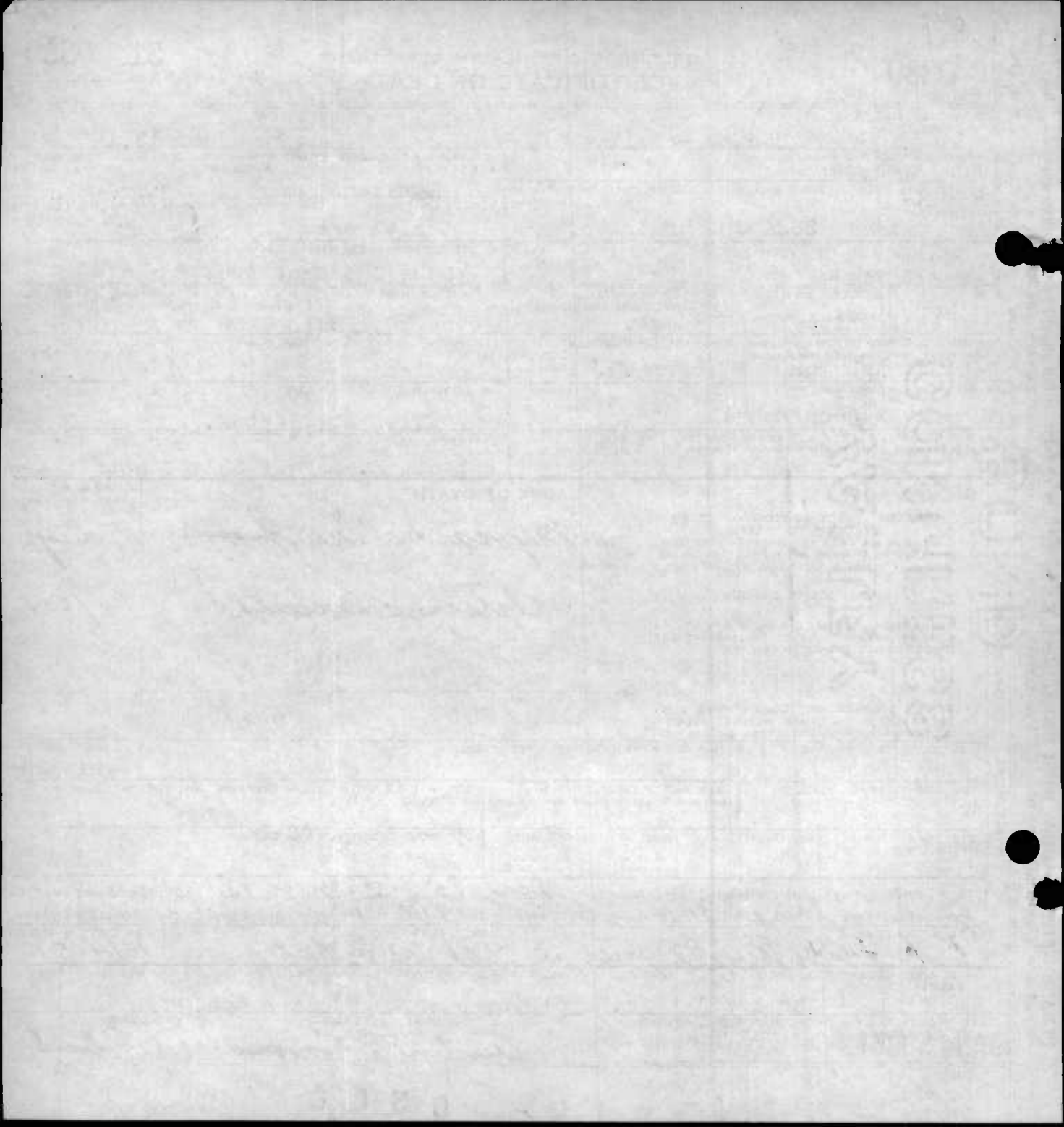
1. NAME OF DECEASED (Type or Print) Daniel McFall.		2. DATE OF DEATH Jan 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3324 Chestnut Ave.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3324 Chestnut Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 10, 1861
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ash man		10B. KIND OF BUSINESS OR INDUSTRY Penna. R.R.	
13. FATHER'S NAME John McFall		14. MOTHER'S MAIDEN NAME Ellen E. Clayton.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rebecca M. McFall		ADDRESS 3324 Chestnut Ave	

CAUSE OF DEATH

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atherosclerosis DUE TO	20 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 15, 1950 , to Jan. 12, 1951 , that I last saw the deceased alive on Jan. 12, 1951 , and that death occurred at 4:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Arthur J. Davies		23B. ADDRESS 800 W 33rd St.		23C. DATE SIGNED 1-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 16/51	24C. NAME OF CEMETERY OR CREMATORY St. Mary's, Hampden	24D. LOCATION (City, town, or county) (State) Roland Ave, Md.		

DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951	REGISTRAR'S SIGNATURE William M. Williams	25. FUNERAL DIRECTOR Thurston E. Donnoan	ADDRESS 3818 Roland Ave.
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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-452
51 0390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0390

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH SARAH ROLLINS

2. DATE
OF
DEATH

Jan 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2442 Druid Hill Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2442 Druid Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2442 Druid Hill Ave - 17

c. Length of stay in Baltimore

16

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 16, 1926

9. AGE (In years
last birthday)

24

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Uner Rollins

14. MOTHER'S MAIDEN NAME

Altie Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. Ford 2442 D. Hill Ave

1B. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho - Pneumonia

2-3 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 26, 1950, to Jan 11, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald Bando

23B. ADDRESS

M. D.

2445 Druid Hill Ave

23C. DATE SIGNED

1-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

January 15, 1951

Frederick Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

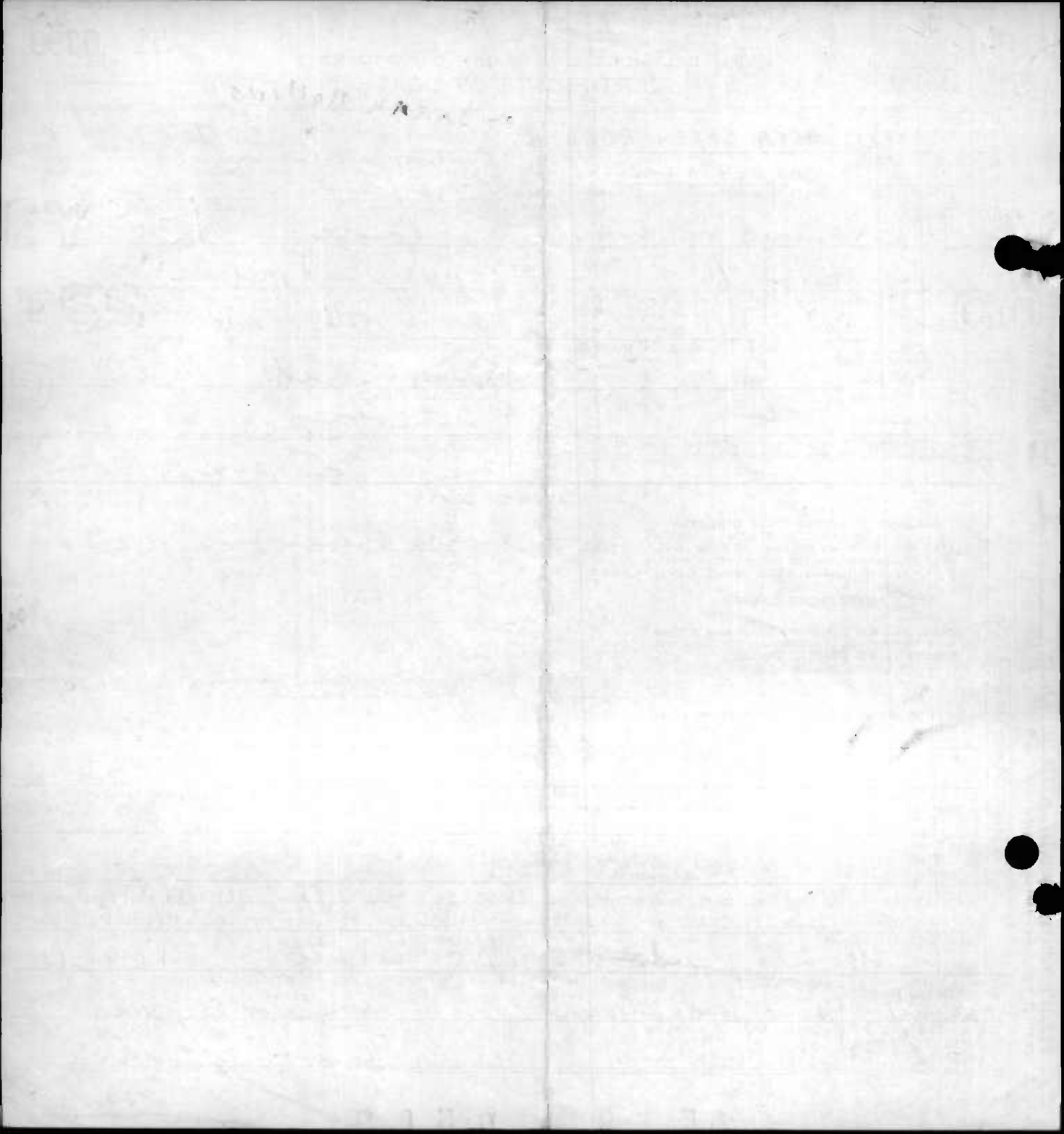
25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William H. Williams, Jr.

Lucille Russo 1200 McCulloch St.



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MOSER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0391

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or print) Charles R. Moser			2. DATE OF DEATH 1-14-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Owings Mills		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Gwynn Brook Ave 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7/12/1918		9. AGE (in years last birthday) 32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Moving Van		10B. KIND OF BUSINESS OR INDUSTRY Wilhelm Moving Co	11. BIRTHPLACE (State or foreign country) Balto. G. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Chas. R. Moser			14. MOTHER'S MAIDEN NAME Nellie B. Mann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT Chas. R. Moser Owings Mills Md.		

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E900.0	(A) Skull Fracture	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(B) Subdural Hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Basement		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 521 Angelsea St. (S.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 14, 1951 2:15 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and Fell down stairs (inside)	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 1-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/17/51		24C. NAME OF CEMETERY OR CREMATORY David Ridor	
24D. LOCATION (City, town, or county) (State) Pikesville Md.		24E. FUNERAL DIRECTOR Wm. Bork Inc 1217 St Paul St.			

DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951	REGISTRAR'S SIGNATURE William J. Smith	25. FUNERAL DIRECTOR ADDRESS Wm. Bork Inc 1217 St Paul St.
--	--	--

V S 151 N-8031 25 920 53 0391 186a ✓

CERTIFICATE OF DEATH

Name of Deceased	
Age	
Sex	
Race	
Date of Birth	
Date of Death	
Place of Death	
Cause of Death	
Signature of Physician	
Signature of Registrar	

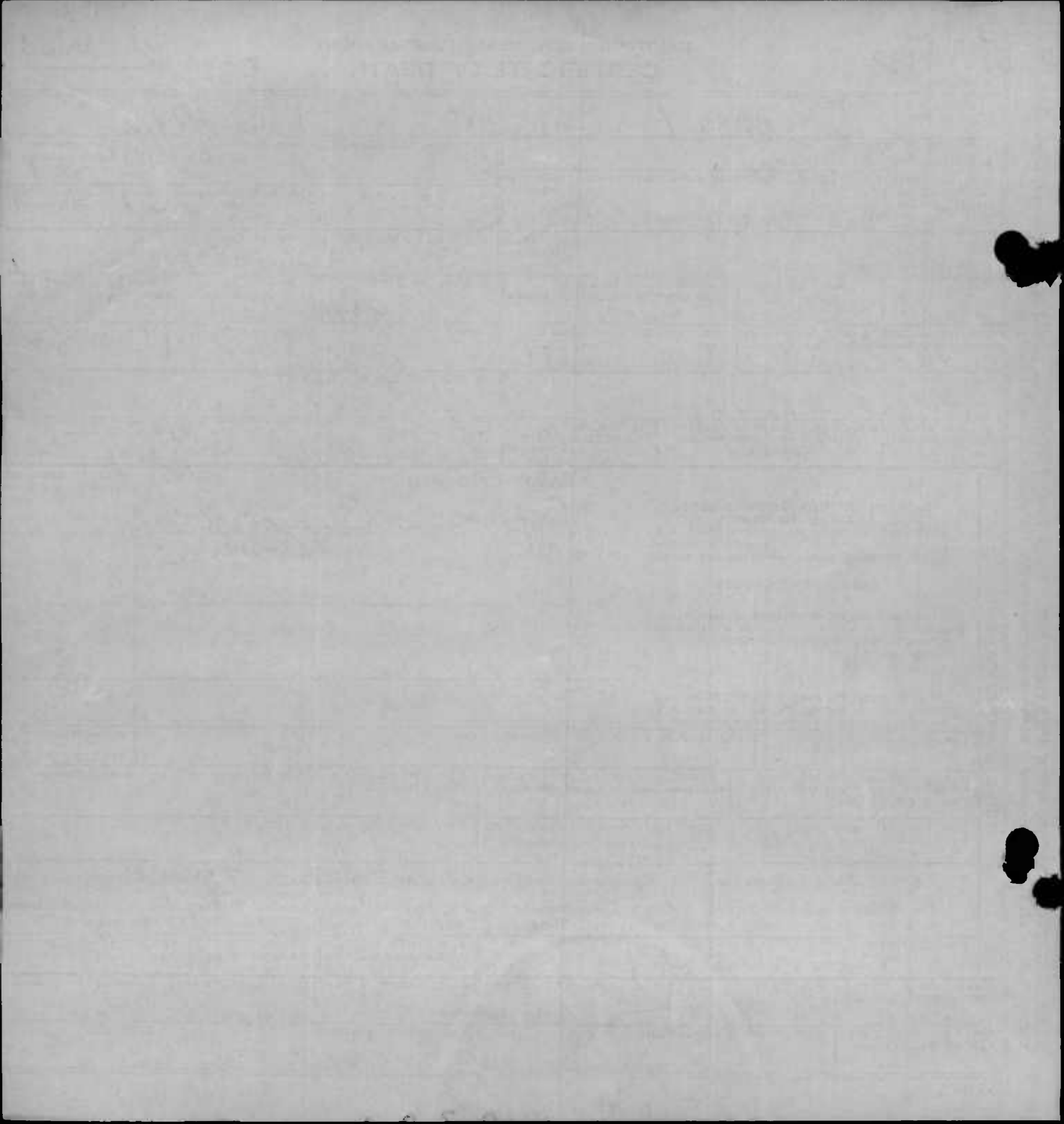
Name of Deceased	
Age	
Sex	
Race	
Date of Birth	
Date of Death	
Place of Death	
Cause of Death	
Signature of Physician	
Signature of Registrar	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly stated. If the age is especially important, please write the causes of death clearly and fully supplied. The

Schneider
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0392
Registered No.

BIRTH NO. 536		51 0392	
1. NAME OF DECEASED (Type or Print) EDWARD H. SCHNEIDER		2. DATE OF DEATH 1/14/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY 27-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3815 Ridgescroft Rd		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 3815 Ridgescroft Rd.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/12/1894
9. AGE (In years last birthday) 56		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Street Car Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Schneider		14. MOTHER'S MAIDEN NAME Catherine Franke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-10-0125	
17. INFORMANT Matilda Schneider		18. ADDRESS 3815 Ridgescroft Rd.	
18. 443X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive Cardiovascular Disease	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
DUE TO		(C)	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection-Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE John R. Davis		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE/SIGNED 1/14/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/17/51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		REGISTRAR'S SIGNATURE Wm. G. Williams, Jr.	
25. FUNERAL DIRECTOR Wm. G. Williams, Jr.		ADDRESS 1217 St. Paul St.	



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

VIRGINIA B. BAKER (MRS ELIJAH C.)

2. DATE
OF
DEATH

1-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

527 TUNBRIDGE ROAD

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JULY 12, 1876

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN EDWARD BROADBENT

14. MOTHER'S MAIDEN NAME

ALMIRA VIRGINIA GOSNELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

ADDRESS

E. E. Baker 527 Tunbridge Rd

18. 330 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subarachnoid Hemorrhage
DUE TO (this to trauma).

INTERVAL BETWEEN
ONSET AND DEATH

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CERTIFICATION APPROVED BY

R. F. Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from JAN 12, 1951, to JAN 13, 1951, that I last saw the
deceased alive on JAN 13, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

Wm. J. Williams, M.D.

Wm. J. Williams, M.D. 1217 St. Paul St.

VS 150

83a.

Virginia D. Drake (Mrs. Drake)

MARYLAND

ON THIRDS

211 Tenthred Road

July 11, 1914

Baltimore, Md.

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

in relation to the matter of the above named road.

I am sorry to hear that you are having trouble with the road.

I will be glad to help you in any way I can.

I am, Sir, very respectfully,
Yours,
J. B. Drake

Very truly,
J. B. Drake

Enclosed for you are two copies of the report of the

committee on the subject of the above named road.

I am, Sir, very respectfully,
Yours,
J. B. Drake

Very truly,
J. B. Drake

Enclosed for you are two copies of the report of the

committee on the subject of the above named road.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0394
Registered No. 51 0394

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DORIS

GUILFOY

2. DATE
OF
DEATH

1-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Senai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN

Balt

0. STREET ADDRESS (If rural, give location)

445 Random Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/3/1920

9. AGE (In years last birthday)

30

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Drury

14. MOTHER'S MAIDEN NAME

Lola Fair

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John B. Guilfoyl 445 Random Rd.

18. 445X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malignant Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1951, to 1-13, 1951, that I last saw the deceased alive on 1-13, 1951, and that death occurred at 12:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

Wm C Stephens

M. O.

23B. ADDRESS

Senai Hosp.

23C. DATE SIGNED

1-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/16/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm C Stephens

25. FUNERAL DIRECTOR

ADDRESS

Wm C Stephens 127 St. Paul St.

VS 150

19510000303

132

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Signature of Physician	
9. Signature of Registrar		10. Signature of Coroner		11. Signature of Medical Examiner		12. Signature of Burial Officer	
13. Signature of Undertaker		14. Signature of Funeral Home		15. Signature of Cemetery		16. Signature of Burial Place	
17. Signature of Burial Place		18. Signature of Burial Place		19. Signature of Burial Place		20. Signature of Burial Place	
21. Signature of Burial Place		22. Signature of Burial Place		23. Signature of Burial Place		24. Signature of Burial Place	
25. Signature of Burial Place		26. Signature of Burial Place		27. Signature of Burial Place		28. Signature of Burial Place	
29. Signature of Burial Place		30. Signature of Burial Place		31. Signature of Burial Place		32. Signature of Burial Place	
33. Signature of Burial Place		34. Signature of Burial Place		35. Signature of Burial Place		36. Signature of Burial Place	
37. Signature of Burial Place		38. Signature of Burial Place		39. Signature of Burial Place		40. Signature of Burial Place	
41. Signature of Burial Place		42. Signature of Burial Place		43. Signature of Burial Place		44. Signature of Burial Place	
45. Signature of Burial Place		46. Signature of Burial Place		47. Signature of Burial Place		48. Signature of Burial Place	
49. Signature of Burial Place		50. Signature of Burial Place		51. Signature of Burial Place		52. Signature of Burial Place	
53. Signature of Burial Place		54. Signature of Burial Place		55. Signature of Burial Place		56. Signature of Burial Place	
57. Signature of Burial Place		58. Signature of Burial Place		59. Signature of Burial Place		60. Signature of Burial Place	
61. Signature of Burial Place		62. Signature of Burial Place		63. Signature of Burial Place		64. Signature of Burial Place	
65. Signature of Burial Place		66. Signature of Burial Place		67. Signature of Burial Place		68. Signature of Burial Place	
69. Signature of Burial Place		70. Signature of Burial Place		71. Signature of Burial Place		72. Signature of Burial Place	
73. Signature of Burial Place		74. Signature of Burial Place		75. Signature of Burial Place		76. Signature of Burial Place	
77. Signature of Burial Place		78. Signature of Burial Place		79. Signature of Burial Place		80. Signature of Burial Place	
81. Signature of Burial Place		82. Signature of Burial Place		83. Signature of Burial Place		84. Signature of Burial Place	
85. Signature of Burial Place		86. Signature of Burial Place		87. Signature of Burial Place		88. Signature of Burial Place	
89. Signature of Burial Place		90. Signature of Burial Place		91. Signature of Burial Place		92. Signature of Burial Place	
93. Signature of Burial Place		94. Signature of Burial Place		95. Signature of Burial Place		96. Signature of Burial Place	
97. Signature of Burial Place		98. Signature of Burial Place		99. Signature of Burial Place		100. Signature of Burial Place	

V-230
51 0395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0395

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillian T. Vogt

2. DATE OF DEATH
1/11/51 10:50 a.m.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

647 S. Curley St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Louis Prott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gladys Wagner 3425 Kenyon Ave

ADDRESS

18. *260X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic cardiovascular disease.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Diabetes mellitus.*

DUE TO

(C) *Hypertension*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
None.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
No.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
None.

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 13, 1946* to *December 8, 1950*, that I last saw the deceased alive on *December 8, 1950*, and that death occurred at *10:50 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. S. L. Hays

M. D.

23B. ADDRESS

11 E. Chase Street

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/15/51

24C. NAME OF CEMETERY OR CREMATORY

Morland Park

24D. LOCATION (City, town, or county) (State)

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

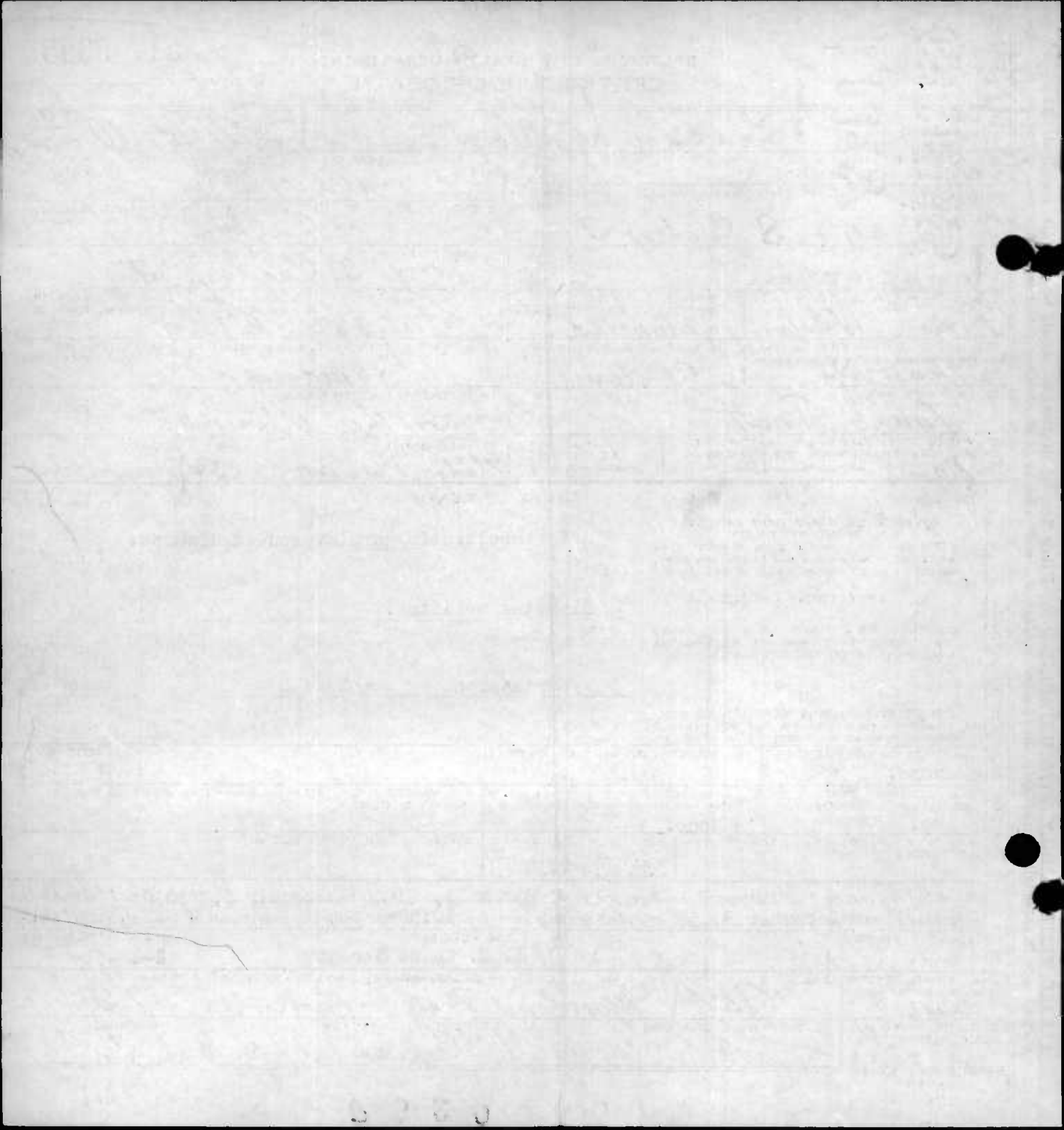
Wm. Cook Inc. 1217 St. Paul St.

JAN 15 1951

VS 150

19510000324

61



400

0396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0396
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence P. Rowley

2. DATE
OF
DEATH

1/12/51 1:45 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

7222 Old Harford Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

7222 Old Harford Rd

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/11/1877

9. AGE (In years, last birthday)

73

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during life, or of wife, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Mechanical S.S.Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Rowley

14. MOTHER'S MAIDEN NAME

Amelia Hilditch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Elsie T. Rowley 7222 Old Harford Rd.

18. 470.0 and 157X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Central Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis Ht. Disease

DUE TO

4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Pancreas

1 yr.

19A. DATE OF OPERATION

12/27/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Pancreas

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Jan 12, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George Sawyer

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

1/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/15/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

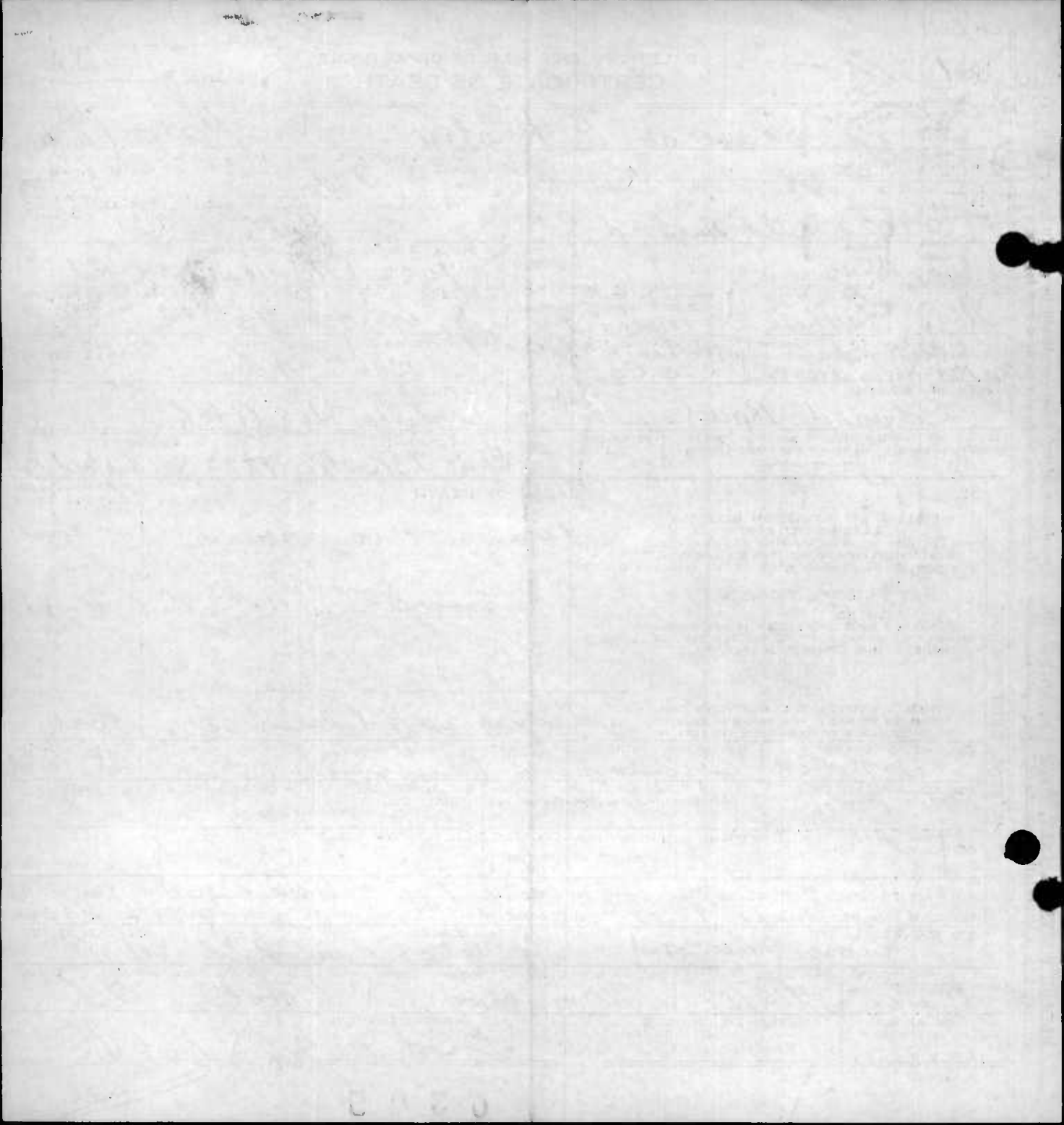
ADDRESS

Wm Cook Inc. 1217 St. Paul St.

JAN 15 1951
VS 150

554 553 95

469



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0397

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henrietta Krichton

2. DATE
OF
DEATH

Jan 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1120 Ensor St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1120 Ensor St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 22, 1860

9. AGE (In years last birthday)

90

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Nicholas Hubner

14. MOTHER'S MAIDEN NAME

Barbara H. Zeigler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Albert A. Krichton, 1120 Ensor St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Dilatation

10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypert. Cardio Vasc. disease

30 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Virus Infection

3 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 15, 1947 to Jan 13, 1951 that I last saw the deceased alive on Jan 3, 1951 and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Friedman

M. D.

23B. ADDRESS

404 E. North Ave

23C. DATE SIGNED

Jan 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/16/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Fredensck Ave.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 15 1951

REGISTRAR'S SIGNATURE

[Signature]

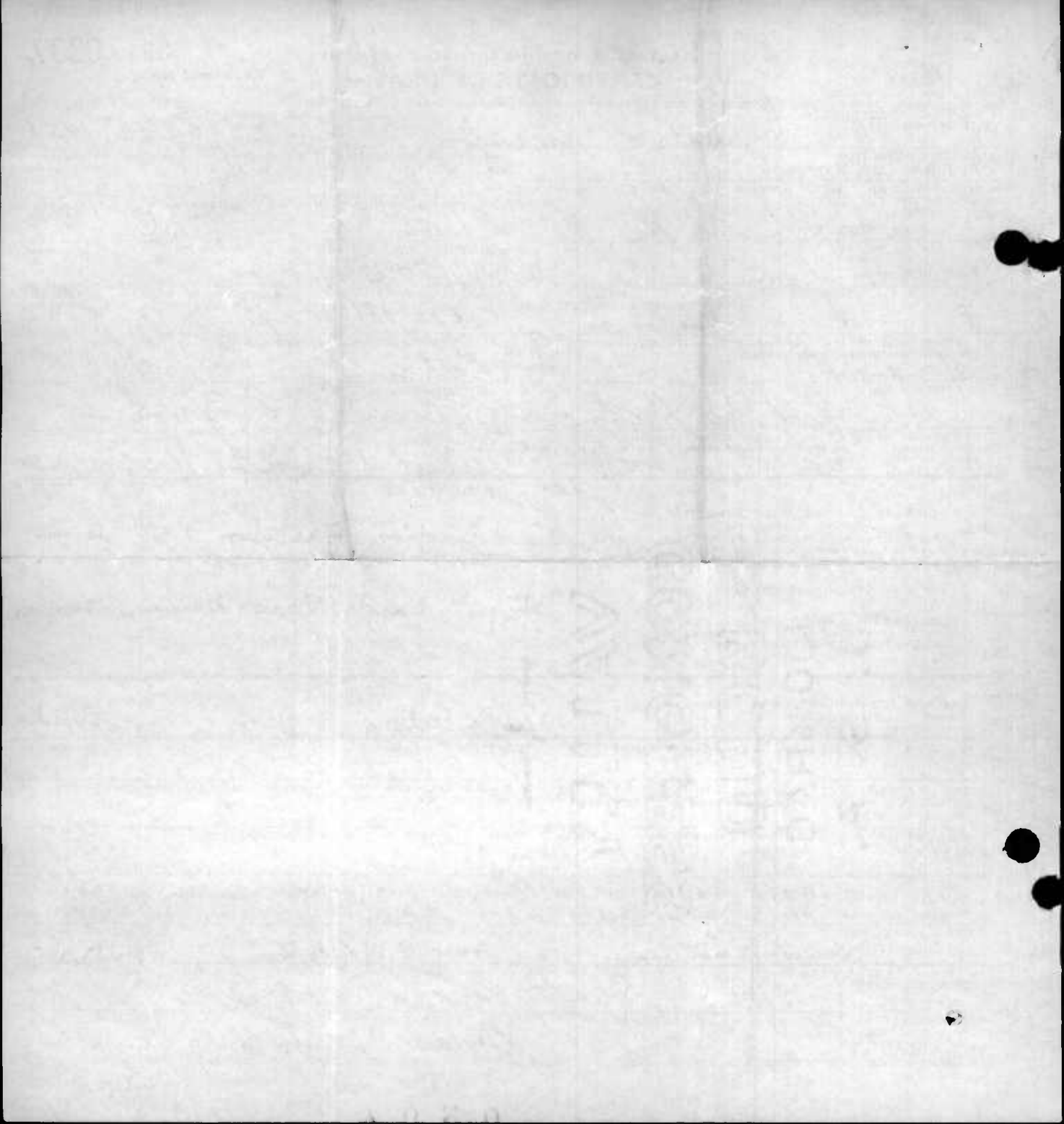
25. FUNERAL DIRECTOR

Melred J. Blight, 6009 Harford Rd

ADDRESS

VS 150

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160
0398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0398
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elizabeth Weber</i> (ELIZABETH E. WEBER)		2. DATE OF DEATH <i>14 Jan 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mersey Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2711 Maple Ave, Balto</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-23-86</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Bauer</i>		14. MOTHER'S MAIDEN NAME <i>Marian Elliott</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>2711 Maple Ave</i> Address <i>14</i> <i>Mr. Oscar Weber</i>	
18. <i>155X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Generalized Carcinomatosis</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs (over)</i>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>none</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-14-51</i> , 19 <i>51</i> , to <i>1-14-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-14-51</i> , 19 <i>51</i> , and that death occurred at <i>4:05 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>James J. White</i>		23B. ADDRESS <i>Mersey Hosp</i>		23C. DATE SIGNED <i>1-14-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>1/17/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 15 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
VS 150		25. FUNERAL DIRECTOR <i>HENRI SANDER & SONS, INC.</i>		ADDRESS <i>BALTO., 13, MD. [Signature]</i>	

46F

Was there any indication
in clinical record of the
probable primary site of malignancy?

If possible, please state a more
definite anatomical location of
the malignancy. _____

"Carcinoma in region of common bile duct suspected".

"Probably bile duct cell origin, originating in the general area of the common bile duct".

See Document File 51-0398

2/20/51 ES

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

B-625
51 0399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0399

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE WASHINGTON BROCKMAN

2. DATE
OF DEATH

January 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2720 Jefferson Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2720 Jefferson Street

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 28, 1884

9. AGE (In years last birthday)

66

11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ass't freight agt.

10B. KIND OF BUSINESS OR INDUSTRY

Penna. R.R.CO.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Brockman

14. MOTHER'S MAIDEN NAME

Mary Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

717-07-7644

17. INFORMANT (Address)

2720 Jefferson Street
Mrs. Louise M. Brockman

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

203X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) anemia, cachexia, carcinomatous

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) multiple myeloma

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 17, 1950, to Jan. 12, 1951, that I last saw the deceased alive on Jan. 12, 1951, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. C. Doherty

23B. ADDRESS

447 U. Kenwood Ave.

23C. DATE SIGNED

Jan. 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/15/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

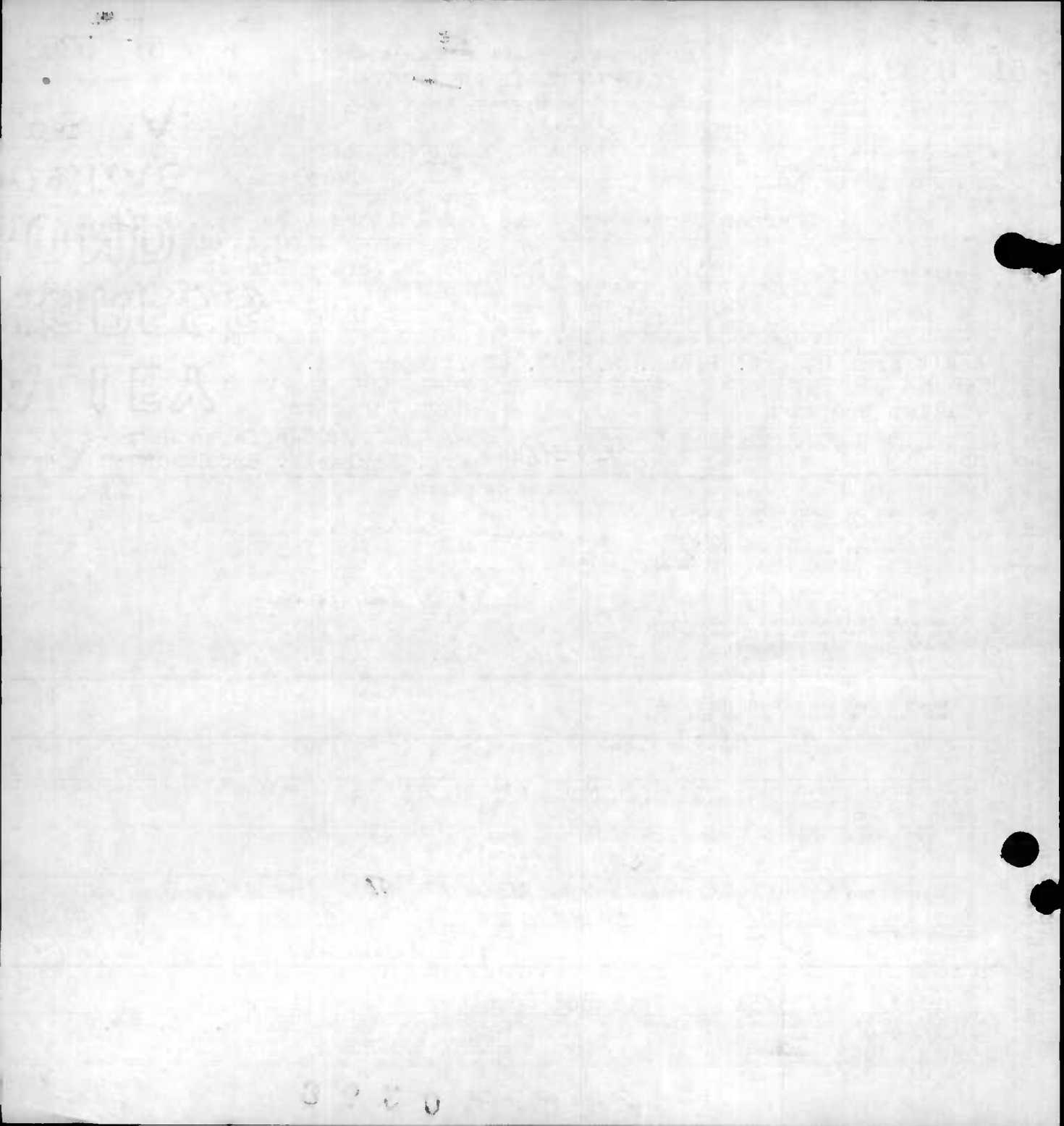
Balto., 13, address
HENRY SANDER & SONS, INC.

JAN 15 1951

VS 150

380054 0390

55E



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0400
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES J. GATELY

2. DATE
OF
DEATH

January 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

313 N. Green Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

313 N. Green Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

about 1880

9. AGE (In years last birthday)

70

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Repairman

10B. KIND OF BUSINESS OR INDUSTRY

Umbrella

11. BIRTHPLACE (State or foreign country)

Washington D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Melachi Gately

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Anthony Wentz Elkridge Md.

18. 4-2-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/16/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Washington D. C.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 15 1951

REGISTRAR'S SIGNATURE

William V. ...

25. FUNERAL DIRECTOR

ADDRESS

10th Cook Inc. 1217 St. Paul St.

V S 151

9 5 6190 840 0 3 9 9

937 ✓

CERTIFICATE OF DEATH

Register No.

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Occupation</p>		<p>7. Cause of death</p>		<p>8. Date of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of witness</p>	
<p>13. Signature of witness</p>		<p>14. Signature of witness</p>		<p>15. Signature of witness</p>		<p>16. Signature of witness</p>	
<p>17. Signature of witness</p>		<p>18. Signature of witness</p>		<p>19. Signature of witness</p>		<p>20. Signature of witness</p>	
<p>21. Signature of witness</p>		<p>22. Signature of witness</p>		<p>23. Signature of witness</p>		<p>24. Signature of witness</p>	
<p>25. Signature of witness</p>		<p>26. Signature of witness</p>		<p>27. Signature of witness</p>		<p>28. Signature of witness</p>	
<p>29. Signature of witness</p>		<p>30. Signature of witness</p>		<p>31. Signature of witness</p>		<p>32. Signature of witness</p>	
<p>33. Signature of witness</p>		<p>34. Signature of witness</p>		<p>35. Signature of witness</p>		<p>36. Signature of witness</p>	
<p>37. Signature of witness</p>		<p>38. Signature of witness</p>		<p>39. Signature of witness</p>		<p>40. Signature of witness</p>	
<p>41. Signature of witness</p>		<p>42. Signature of witness</p>		<p>43. Signature of witness</p>		<p>44. Signature of witness</p>	
<p>45. Signature of witness</p>		<p>46. Signature of witness</p>		<p>47. Signature of witness</p>		<p>48. Signature of witness</p>	
<p>49. Signature of witness</p>		<p>50. Signature of witness</p>		<p>51. Signature of witness</p>		<p>52. Signature of witness</p>	
<p>53. Signature of witness</p>		<p>54. Signature of witness</p>		<p>55. Signature of witness</p>		<p>56. Signature of witness</p>	
<p>57. Signature of witness</p>		<p>58. Signature of witness</p>		<p>59. Signature of witness</p>		<p>60. Signature of witness</p>	
<p>61. Signature of witness</p>		<p>62. Signature of witness</p>		<p>63. Signature of witness</p>		<p>64. Signature of witness</p>	
<p>65. Signature of witness</p>		<p>66. Signature of witness</p>		<p>67. Signature of witness</p>		<p>68. Signature of witness</p>	
<p>69. Signature of witness</p>		<p>70. Signature of witness</p>		<p>71. Signature of witness</p>		<p>72. Signature of witness</p>	
<p>73. Signature of witness</p>		<p>74. Signature of witness</p>		<p>75. Signature of witness</p>		<p>76. Signature of witness</p>	
<p>77. Signature of witness</p>		<p>78. Signature of witness</p>		<p>79. Signature of witness</p>		<p>80. Signature of witness</p>	
<p>81. Signature of witness</p>		<p>82. Signature of witness</p>		<p>83. Signature of witness</p>		<p>84. Signature of witness</p>	
<p>85. Signature of witness</p>		<p>86. Signature of witness</p>		<p>87. Signature of witness</p>		<p>88. Signature of witness</p>	
<p>89. Signature of witness</p>		<p>90. Signature of witness</p>		<p>91. Signature of witness</p>		<p>92. Signature of witness</p>	
<p>93. Signature of witness</p>		<p>94. Signature of witness</p>		<p>95. Signature of witness</p>		<p>96. Signature of witness</p>	
<p>97. Signature of witness</p>		<p>98. Signature of witness</p>		<p>99. Signature of witness</p>		<p>100. Signature of witness</p>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0401
Registered No. 51 0401

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA F. BARNES

2. DATE
OF
DEATH

1/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3556 Poole St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3556 Poole St. Poole

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 14/1873

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary M. Brinkman 920 W. 38th St.

18.

151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Stomach
DUE TO

One year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pernicious anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1950, to Jan. 12, 1951, that I last saw the deceased alive on Jan. 12, 1951, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Thos. J. Williams

M. D.

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

1-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/16/51

St Mary's

Hampden.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thos. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck 3615-17 Chestnut Ave

JAN 15 1951

VS 150

0510000400

46B

1010 12

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE
DIRECTOR

WASHINGTON, D. C.

JUN 10

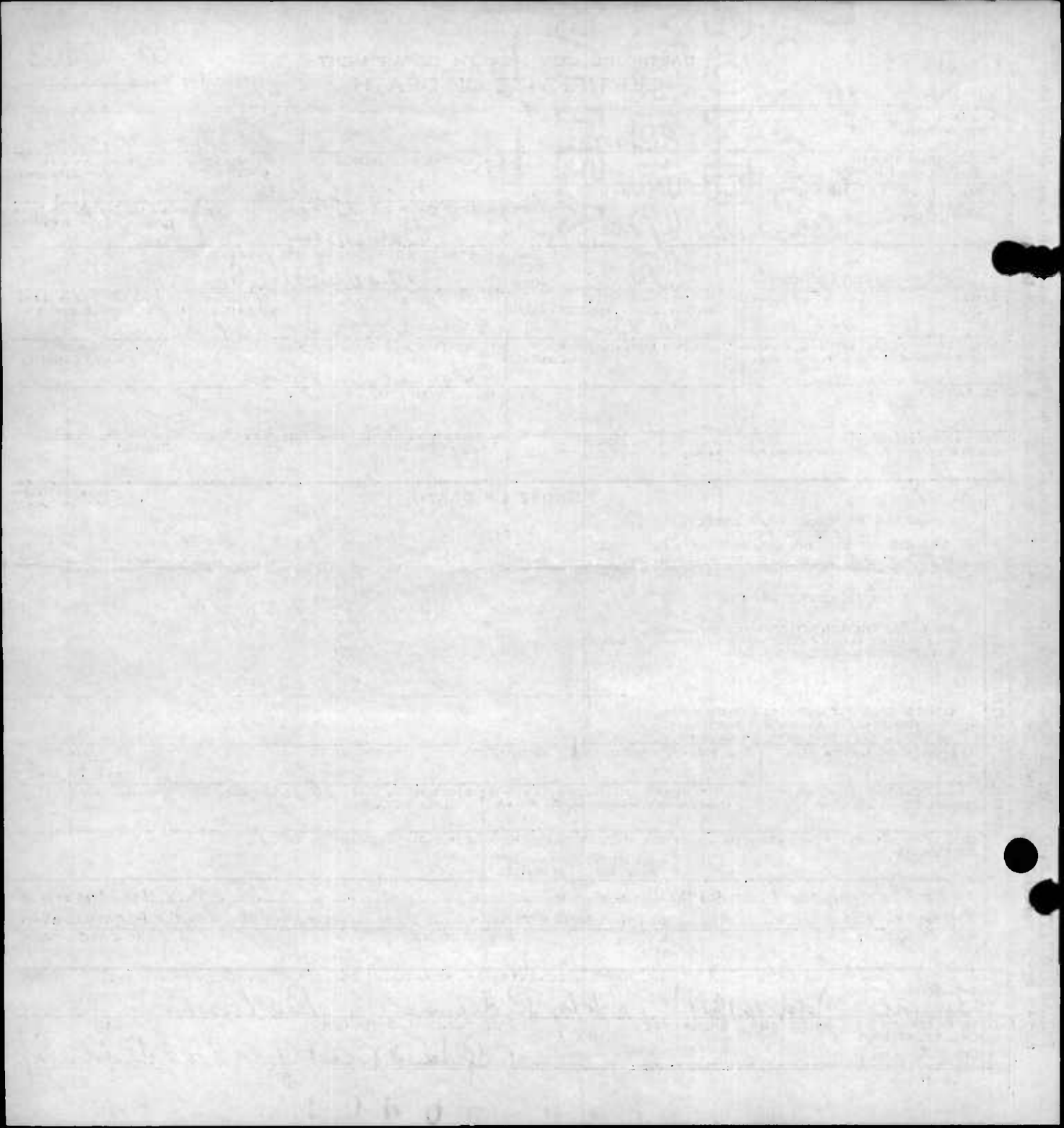
PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

H-420 51 0402		Holzschuh		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 0402 Registered No. _____		
BIRTH NO.								
1. NAME OF DECEASED (Type or Print) <i>Mary Holzschuh</i>				2. DATE OF DEATH <i>Jan. 12, 1951</i>				
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____				
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-01</i>				
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>June 2, 1864</i>	9. AGE (in years, last birthday) <i>84</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Bavaria, Germany</i>		
13. FATHER'S NAME <i>Andrew Hermann</i>			14. MOTHER'S MAIDEN NAME <i>Eva Hoffman</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) <i>Acute Distention of Heart</i> DUE TO (B) <i>Chronic Myocarditis</i> DUE TO (C) <i>Arterio Sclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>18 yrs</i> <i>5 yrs</i> <i>10 yrs</i>
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Jan 2</i> , 1951, to <i>Jan 12</i> , 1951, that I last saw the deceased alive on <i>Jan 12</i> , 1951, and that death occurred at <i>2:30 P.</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>E. Gill Hall MD</i>				23B. ADDRESS <i>16318 North Ave</i>		23C. DATE SIGNED <i>Jan 13-1951</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 16, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 15 1951</i>		REGISTRAR'S SIGNATURE <i>Thomas J. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Peter Friedfeld</i>		ADDRESS <i>900 E. Biddle St</i>		
VS 150								

51 0402

93D



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0403

Registered No.

BIRTH NO. 51 0403

1. NAME OF DECEASED (Type or Print) ANNE TAYLOR BRADY			2. DATE OF DEATH JAN. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1419 BOLTON ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH DEC. 2, 1877	9. AGE (in years last birthday) 73	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			11. BIRTHPLACE (State or foreign country) MARYLAND		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME MR. CALED TAYLOR			14. MOTHER'S MAIDEN NAME ELEANOR MOORE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT DAUGHTER			ADDRESS SAME		

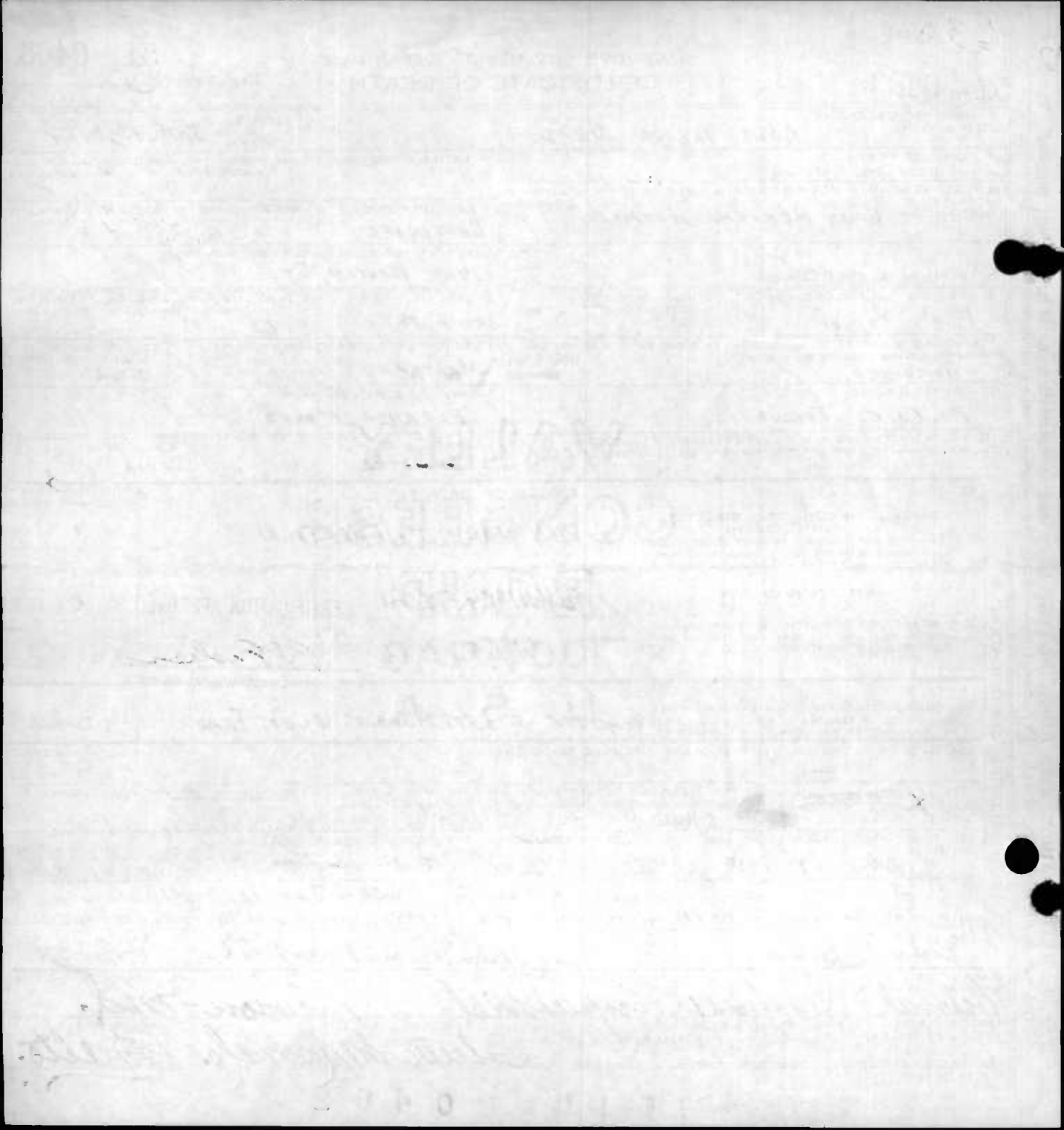
18. E900.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY INFARCTION DUE TO PULMONARY EMBOLI ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. per. Dr. Chester Lubinski B. B. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER	CAUSE OF DEATH PULMONARY INFARCTION PULMONARY EMBOLI CERTIFICATION APPROVED BY ? Dr. Chester Lubinski B. B. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER	INTERVAL BETWEEN ONSET AND DEATH ?
--	--	--

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE OF LEFT HUMERUS + LEFT FEMUR	4 weeks
---	----------------

19A. DATE OF OPERATION DEC. 17 1950	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CHURCH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CHURCH	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1401 Bolton St., Balto. 17, Md.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY DEC. 17 1950	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Tripped and fell down steps, outside
22. I hereby certify that I attended the deceased from Dec. 17 , 1950, to JAN. 13 , 1951, that I last saw the deceased alive on JAN. 13 , 1951, and that death occurred at 9:40 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE Richard Beach	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 1-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 16 1951	24C. NAME OF CEMETERY OR CREMATORY Prospect Hill	24D. LOCATION (City, town, or county) (State) Towson - Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951	REGISTRAR'S SIGNATURE William H. ...	25. FUNERAL DIRECTOR Stewart Morris	ADDRESS Balto.

N-878X 9510000402 186a



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0404
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Samuel S. WARD

2. DATE
OF
DEATH

January 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

223 W. Henrietta Street

E. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/1/1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Transfer Co

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Willaim Ward

TRUCKING

14. MOTHER'S MAIDEN NAME

Hattie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-09-6146

17. INFORMANT

ADDRESS

William Ward-223 W. Henrietta St.

18. E812.4 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Hanover St. 23 feet south of York Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 13, 1951 1.00 p.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/17/1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Ct. Baltimore, City

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

11-862-2 051 97052 0403

170c

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10-10-1910

Name of Deceased		Sex		Age		Date of Death	
John Doe		Male		45		10-10-1910	
Place of Birth		Occupation		Cause of Death		Manner of Death	
New York		Teacher		Heart Disease		Natural	
Usual Residence		Present Residence		Physician		Hospital	
123 Main St		456 Oak St		Dr. Smith		St. Mary's	
Date of Burial		Place of Burial		Name of Burial Place		Name of Undertaker	
10-12-1910		Cemetery		Cemetery		John Doe	
Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Burial Place	
[Signature]		[Signature]		[Signature]		[Signature]	
Date of Certificate		Place of Issuance		Name of Issuing Office		Name of Issuing Officer	
10-10-1910		Minneapolis		City of Minneapolis		John Doe	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0405

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Hogan

2. DATE
OF
DEATH

1/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

312 N. Fremont Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION

312 N. Fremont Ave

C. Length of stay in Baltimore 47 yrs

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Unknown 1872

9. AGE (in years last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Tavern Keeper

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Hogan

14. MOTHER'S MAIDEN NAME

Bridget Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT ADDRESS Mrs Mary Hogan 312 N. Fremont Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V.D.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

-

19B. MAJOR FINDINGS OF OPERATION

-

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1950 to Jan 12, 1951 that I last saw the deceased alive on Jan 12, 1951 and that death occurred at 11:30 AM from the causes and on the date stated above.

23A. SIGNATURE

G. H. Hightstein

23B. ADDRESS

888 W Lombard St

23C. DATE SIGNED

1-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/16/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John J. Williams, M.D.

25. FUNERAL DIRECTOR

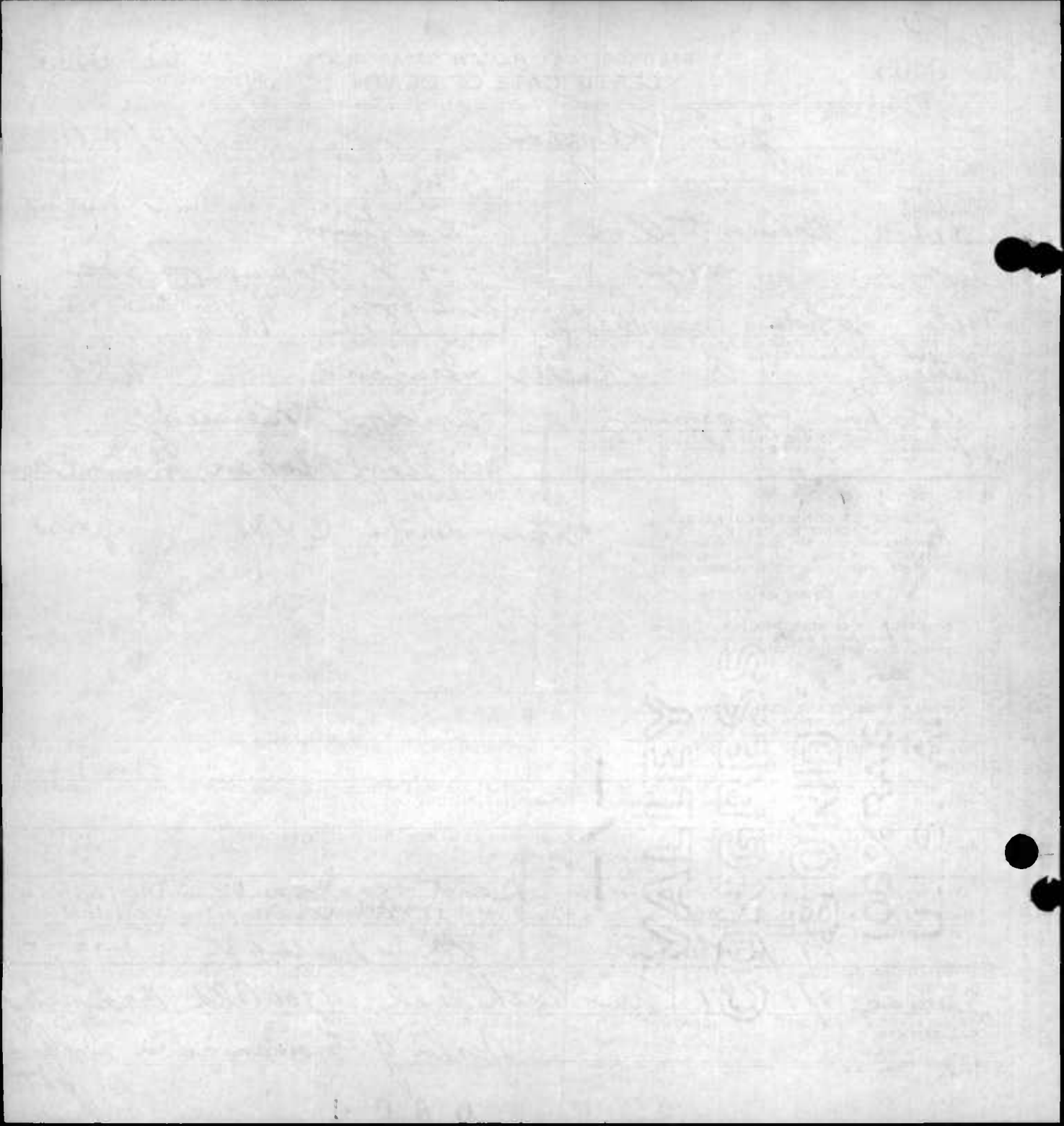
John J. Cowan & Son

ADDRESS

937 St.

JAN 15 1951

937 St.



51 0406

51 0406

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert J. Tonkin

2. DATE OF DEATH Jan 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2601 Roslyn Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION Kearsaw Rest Home

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Md B. COUNTY Balt

C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rural, give location) 3021 Woodland Ave

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 9, 1874

9. AGE (In years last birthday) 76

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener

10B. KIND OF BUSINESS OR INDUSTRY Landscaping

11. BIRTHPLACE (State or foreign country) Cornwall, England

12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME William Tonkin

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO.

17. SOCIAL ADDRESS Mr John Tonkin 3339 Woodland Ave

18. 330X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Subarachnoid Hemorrhage

DUE TO

(B) Generalized Arterio Sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH 3 days

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1951, to Jan 13, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE Julius C. Glueck M.D.

23B. ADDRESS 5356 Reisterstown Rd

23C. DATE SIGNED 1/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Jan 15, 1951

24C. NAME OF CEMETERY OR CREMATORY Druid Ridge

24D. LOCATION (City, town, or county) Pikesville, Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951

REGISTRAR'S SIGNATURE [Signature]

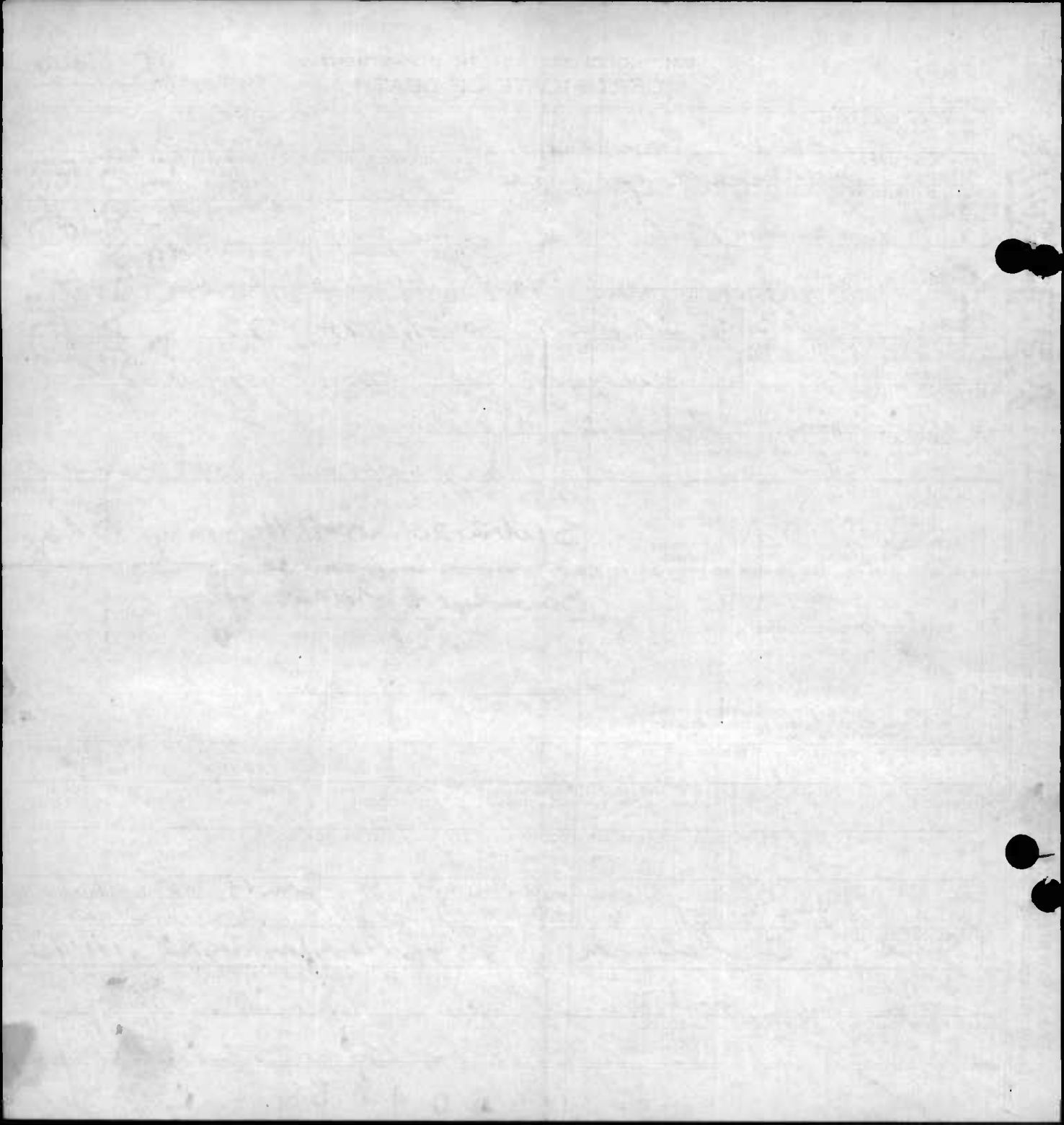
25. FUNERAL DIRECTOR Loring Byers

ADDRESS 5005 Ph Hgts Ave

VS 150

510000405

83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given, especially if it is important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0407

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA HEARNS

2. DATE
OF
DEATH

Jan 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Bar-Wil-Ba
2101 COLDSRING LANE

C. CITY OR TOWN

(If outside corporate limits, write R.U.M.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1103 Tiffany Ct.

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

Fem.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

July 6, 1894

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

n. c.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

Helen Depon 2449 Francis St

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

18.

442X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardio-Renal Vascular
Disease

INTERVAL BETWEEN
ONSET AND DEATH

2 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 6, 1949, to Jan. 12, 1951, that I last saw the
deceased alive on Jan. 10, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George C. Bage

M. D.

1816 N. Mount St. (17)

1-12-51

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-16-51

arbitus

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William Williams, Jr.

George S. Nelson 1303 Preston St

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

340

51 0408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0408

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Salvatore Fedele,

2. DATE
OF DEATH JAN 14 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

5201 Linden Heights Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore,

D. STREET ADDRESS (If rural, give location)

5201 Linden Heights Ave.,

c. Length of stay in Baltimore 50 yrs

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

About 1875

9. AGE (In years last birthday)

About 75

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARE TAKER

10B. KIND OF BUSINESS OR INDUSTRY

CEMETERY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

ITALY

13. FATHER'S NAME

Dominic Fedele,

14. MOTHER'S MAIDEN NAME

Marriana, - last name unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT

ADDRESS

Mrs. Minnie Gugliuzza, 5201 Linden Hgts. Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Atherosclerosis

6 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950 to Jan. 14, 1951 that I last saw the deceased alive on Jan. 14, 1951 and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

JAN 16 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

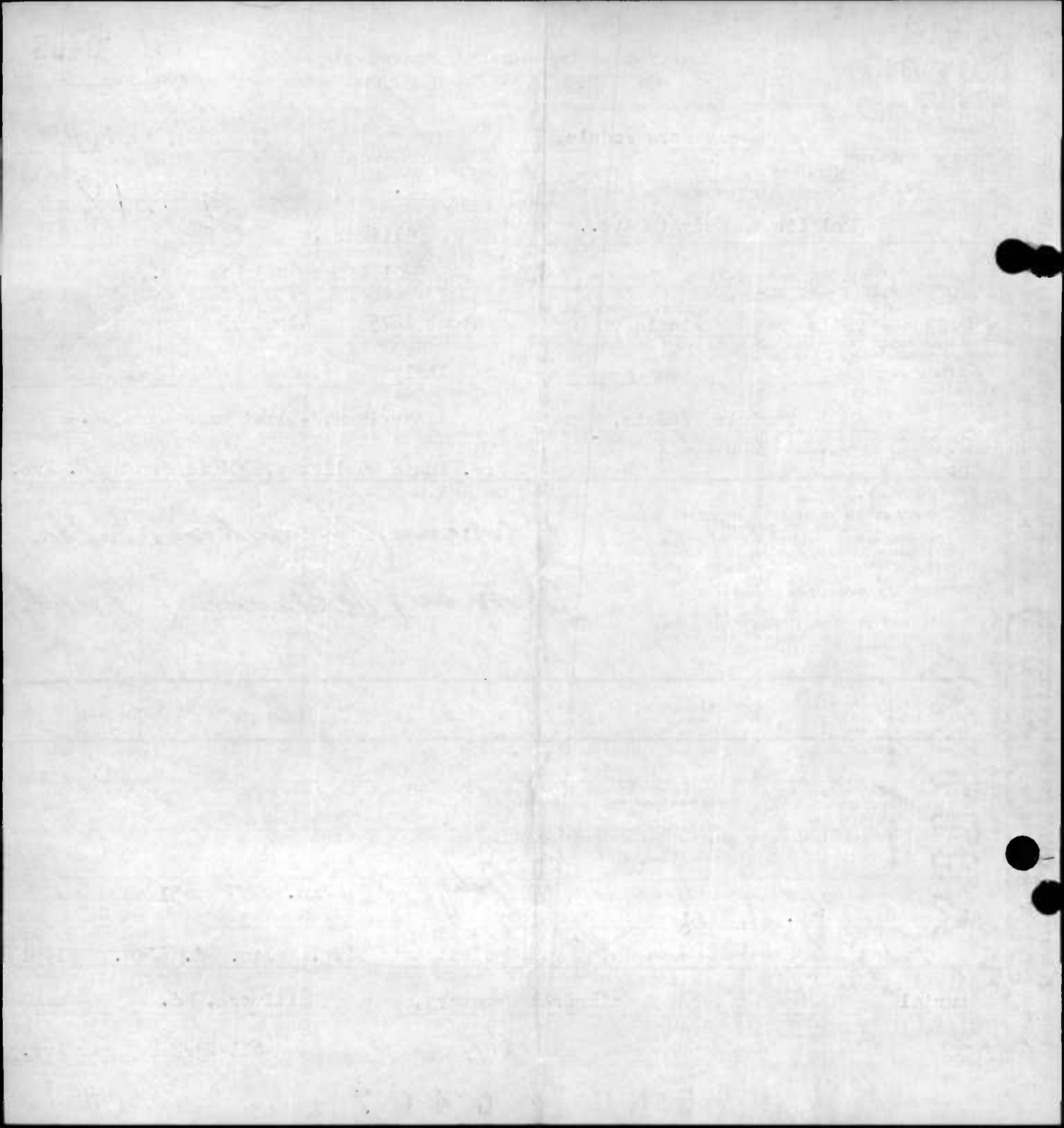
25. FUNERAL DIRECTOR

ADDRESS

Franklin J. Williams, Jr.

B. Vernon Lemmon

4611 Park Heights Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0409
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Myers

2. DATE
OF
DEATH

1.11.1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

210 Cold Spring Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

947 W. Franklin St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 22, 1880

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Hawes

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Belle Pyrus 815 Vine St.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular Disease

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

old injury left hip
decubitus sores, inanition

20 yrs?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.14.1948 to 1.11.1951, 19__, that I last saw the deceased alive on 1.8.1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Fair

M. D.

23B. ADDRESS

400 N. Carrollton

23C. DATE SIGNED

1.11.51

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William J. Williams, Jr.

Mrs. Katie R. Williams

Schroeder St.

VS 150

1951072980400

937

452
51 0410
BIRTH NO. 50-09626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0410
Registered No.

1. NAME OF DECEASED (Type or Print) CLAUDETTE WILLIAMS		2. DATE OF DEATH 1-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) PROVIDENT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 627 B W. SARATOGA ST	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-8-50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 8 1/2
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME SAMUEL WILLIAMS		14. MOTHER'S MAIDEN NAME MATTIE McBRIDE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT MOTHER	
18. 491X		ADDRESS 627 B W. SARATOGA	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **BRONCHO PNEUMONIA**
DUE TO

9 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **PREMATURITY**
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-10 1951, to 8-12 1951, that I last saw the deceased alive on 8-12 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. Pinney		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 1-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan 15, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams, Schwedert		ADDRESS 322 N	
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

322
51 0411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0411
Registered No.

BIRTH NO.			2. DATE OF DEATH 14 JAN 51		
1. NAME OF DECEASED (Type or Print) ANNA E. RUTKOWSKI			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
C. Length of stay in Baltimore 50 Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE UPPER FALLS		
D. STREET ADDRESS (If rural, give location) Paffin Road (end.)			D. STREET ADDRESS (If rural, give location)		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 16 AUG 1900	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) MARYLAND		
10B. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME MICHAEL KOWALEK			14. MOTHER'S MAIDEN NAME ANNA ORASH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT William J. Rutkowski			ADDRESS		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DIS. & DECOMPENSATION MANIFESTED BY ANASARCA, EDEMA, PULMONARY CONGESTION (B) BY ANASARCA, EDEMA, PULMONARY CONGESTION (C)			INTERVAL BETWEEN ONSET AND DEATH 3 wks		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 13 Jan, 1951, to 14 Jan, 1951, that I last saw the deceased alive on 14 Jan, 1951, and that death occurred at 7:24 am, from the causes and on the date stated above.					
23A. SIGNATURE John R. Ract			23B. ADDRESS Mercy Hosp		
23C. DATE SIGNED 14 Jan 51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 18 Jan. 51		
24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary			24D. LOCATION (City, town, or county) German Hill Rd - Balto		
25. FUNERAL DIRECTOR STEPHEN J. FIALKOWSKI, Inc.			ADDRESS 1000 S. Kenwood Ave		
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951			REGISTRAR'S SIGNATURE Stephen J. Fialkowski		

VS 150

1951-0200410 93D Balto.

STATE OF OHIO
DEPARTMENT OF HEALTH

1110

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 0412**

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) **(JEROME LAROGUE) JEROME ACHILLE LAROGUE ST.**

2. DATE OF DEATH

January 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

605 Park Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 22, 1882

9. AGE (in years last birthday)

68

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor Retired

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Gov't

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Achille Larogue

14. MOTHER'S MAIDEN NAME

Marguerite Bouavita

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Jerome A. Larogue Jr. 605 Park Ave.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Jackson

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/16/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Jackson

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Jackson, Son Inc. Balto Md

JAN 15 1951

V S 151

5090091 00411

94a ✓

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

SEE HEALTH DEPT. FILE

CHARGE BY SERVICE

RECEIVED BY HEALTH DEPARTMENT

RECEIVED BY HEALTH DEPARTMENT

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RECEIVED BY HEALTH DEPARTMENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-326
51 0413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0413

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA C. BATZER

2. DATE
OF
DEATH

Jan. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2716 Guilford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Thomas E. Horney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

8. DATE OF BIRTH

April 28, 1975

9. AGE (in years last birthday)

75

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth King

17. INFORMANT

ADDRESS

Mrs. Evelyn Jones - 2716 Guilford Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 23rd 1950 to Jan 12, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/15/51

Woodlawn Cemetery

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

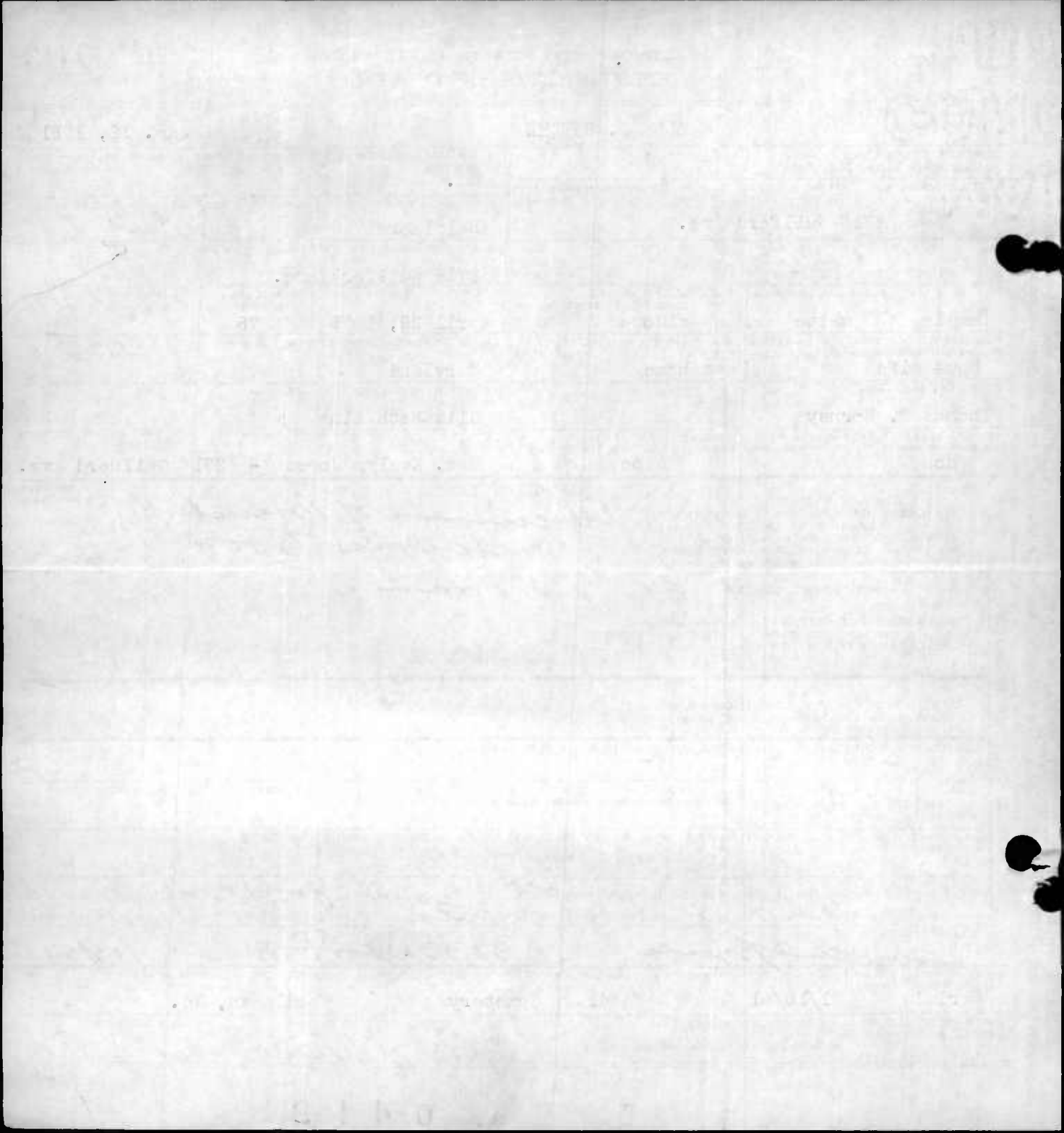
John Williams, M.D.

Wm. J. Lickner & Sons - Balt

VS 150

51 0413

50



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 0414
Registered No.

BIRTH NO. 51 0414

1. NAME OF DECEASED (Type or Print) FLORA ROSELLA BATEMAN			2. DATE OF DEATH JANUARY 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL FOR THE WOMEN OF MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3601 KESWICK ROAD		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 15, 1911	9. AGE (In years, last birthday) 39	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CAROLTON, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE HUGHES			14. MOTHER'S MAIDEN NAME ODIE LEPP		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT ADDRESS Mr. Robert F. Bateman 3601 Keswick Rd.		
18. 170X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the breast DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Breast, etc. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. actinosis, bilateral lower lobe					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/6 , 1951, to 1/12 , 1951, that I last saw the deceased alive on 1/12 , 1951, and that death occurred at 10:45 P m., from the causes and on the date stated above.					
23A. SIGNATURE Mark E. Hall		23B. ADDRESS Union's Hosp		23C. DATE SIGNED 1/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/16/51		24C. NAME OF CEMETERY OR CREMATORY Bethel Cem.	
24D. LOCATION (City, town, or county) Westminster, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		24F. REGISTRAR'S SIGNATURE Am. J. Jackson	
24G. FUNERAL DIRECTOR Am. J. Jackson		24H. ADDRESS Balto, Md		24I. DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951	

VALLEY
CONGREGATION
RECORD
BOOK
J. S.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0415
Registered No. 51 0415

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH F. VOLK

2. DATE
OF
DEATH Jan 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1817 E. 31 St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1817 E. 31st. St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 24, 1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Statistician

10B. KIND OF BUSINESS OR
INDUSTRY
Railroad

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Joseph H. Volk

14. MOTHER'S MAIDEN NAME

Emma Hayward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL
SECURITY NO.
?

17. INFORMANT ADDRESS
Mrs. Virginia A Volk 1817 E. 31st St.

18.

162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Bronchogenic carcinoma
to Metastasis to Axilla & Neck.

INTERVAL BETWEEN
ONSET AND DEATH
r

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1950, to Jan 13, 1951, that I last saw the
deceased alive on Jan 13 1951 and that death occurred at 8:25 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/16/51

Western Cem

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

Thurston Williams

Wm. J. Zickner, Inc. Balto Md

VS 150

598 500414

47c

[Faint, illegible text from bleed-through of the reverse side of the page]

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
51 0416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0416
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rowan, Catherine Elizabeth

2. DATE OF DEATH January 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1713 Swansea Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Hwfe.

Own home

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John Walsh

Mary Ellen Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No

None

Mr. William J. Rowan 1713 Swansea Rd.

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

(B) Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 13, 1951 to January 15, 1951, that I last saw the deceased alive on Jan. 15, 1951, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Rodriguez

M. D.

1100 N. Caroline St.

Jan. 15, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

1/15/51

St. Mary's Cem.

Wilkes Barre, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

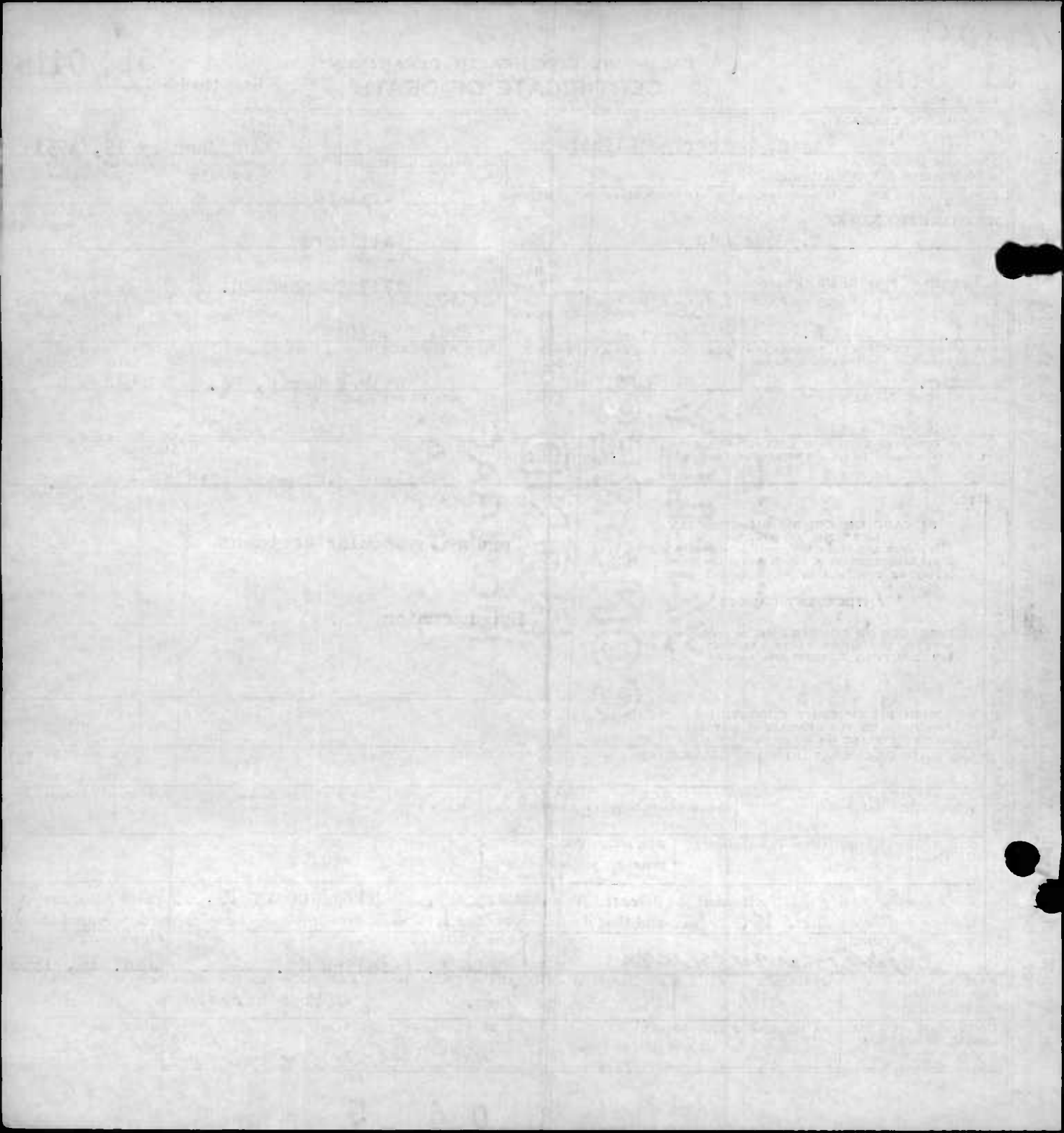
Dr. Rodriguez

Wm. J. Rechner Sons Inc Balto Md.

VS 150

19510000415

83a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ewa Dubriel

2. DATE
OF
DEATH

Jan 12 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2017 Eastern Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

L

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Aquino

18.

260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Diabetic Coma
Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio-Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 11, 1951, to Jan. 12, 1951, that I last saw the
deceased alive on Jan. 12, 1951, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Andrew Stumowski

23B. ADDRESS

2038 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

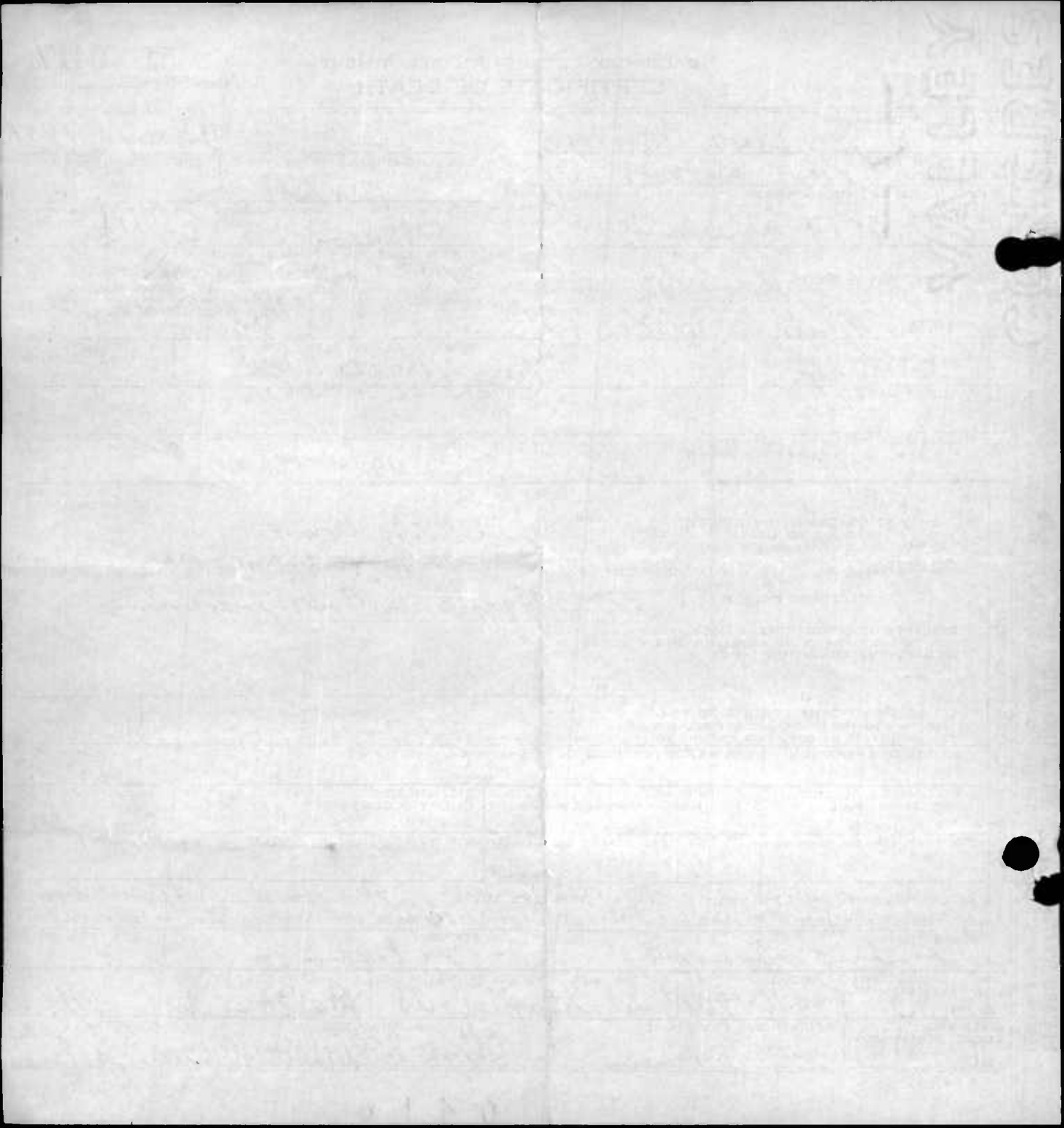
25. FUNERAL DIRECTOR

ADDRESS

JAN 13 1951

William S. Rialkowski

2007 Eastern Ave



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520
51 0418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0418
Registered No.

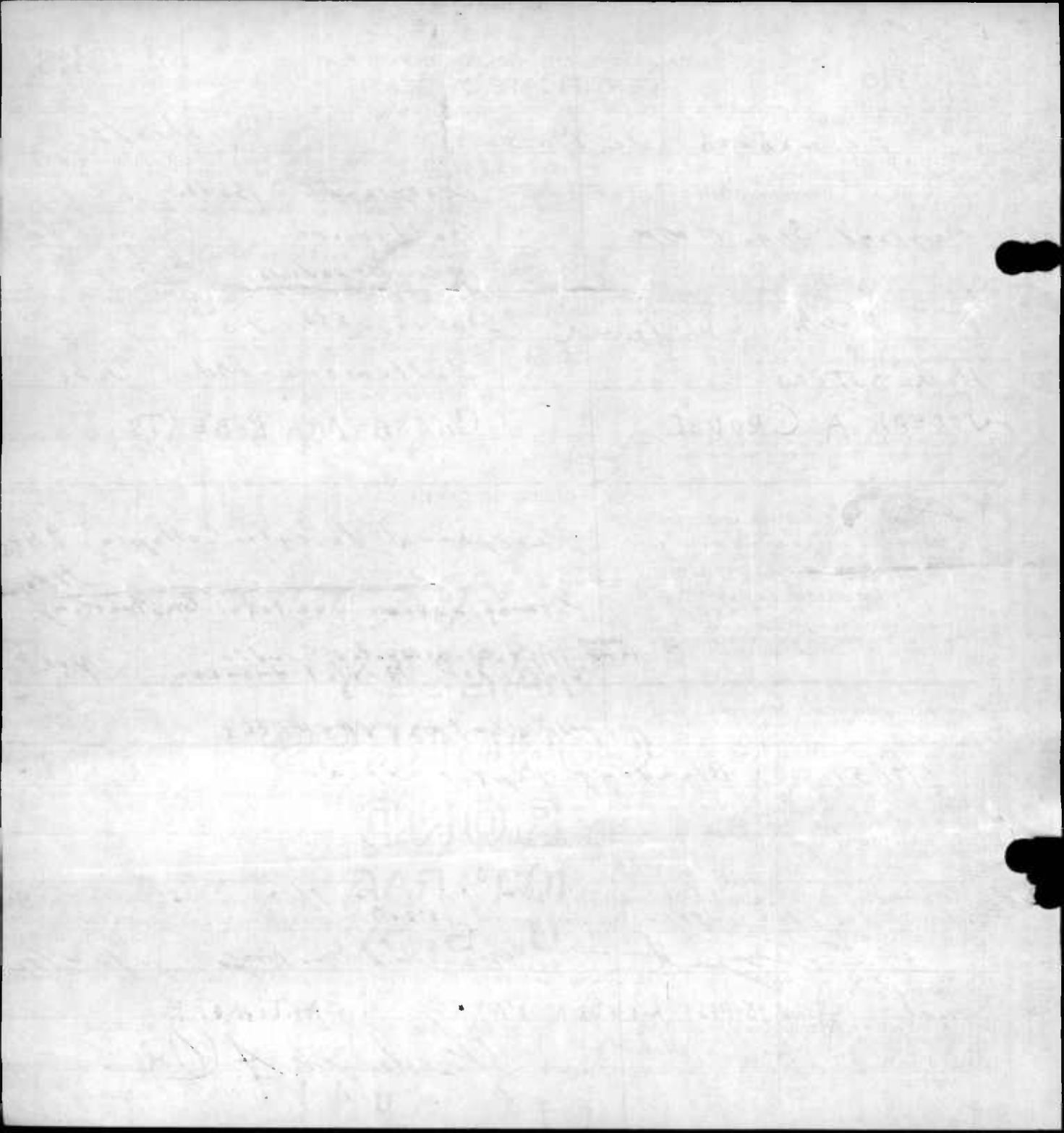
1. NAME OF DECEASED (Type or Print) <i>Elizabeth De Moss</i>			2. DATE OF DEATH <i>1/12/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balti.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen. Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1811 Broadway #13</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 15, 1880</i>		9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Duties</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>JOSEPH A. CROUSE</i>			14. MOTHER'S MAIDEN NAME <i>CASSANDRA ROBERTS</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>541.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Peripheral Vascular Collapse</i> (B) <i>Post operative Sub total Gastrectomy</i> (C) <i>And Arteriosclerotic Cardio-vascular - Renal disease</i> <i>Diabetes Mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>9 hrs 4 days yrs</i>
---	---	---

19A. DATE OF OPERATION <i>1/7/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Bleeding Peptic Ulcer</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 17</i> , 1950, to <i>1/12</i> , 1951, that I last saw the deceased alive on <i>1/12</i> , 1951, and that death occurred at <i>12:20 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E.E. Bryant</i>		23B. ADDRESS <i>Maryland Gen Hosp</i>		23C. DATE SIGNED <i>1/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 15, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LOUDON PARK</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTIMORE</i>		25. FUNERAL DIRECTOR <i>Frederick J. Cole</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 15 1951</i>		REGISTRAR'S SIGNATURE <i>Frederick J. Williams, Md</i>		25. FUNERAL DIRECTOR ADDRESS	

510000417

117a



PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0419

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Robinson.

2. DATE
OF
DEATH

January 12, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

922 Argyle Ave;

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

13. FATHER'S NAME

James West.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

922 Argyle Ave;

8. DATE OF BIRTH

August 5, 1896

9. AGE (In years
last birthday)

55

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.,

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Annie Sample.

17. INFORMANT

ADDRESS

Elizabeth Jackson. 922 Argyle Ave;

18. 260.X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

Arterio Sclerosis - Diabetes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Gangrene - Acute congestive

Failure.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

John R. Davis

per: R. B. Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from pronounced dead, 1951, that I last saw the
deceased alive on 10, 1951, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

Jan 16, 1951 Mt. Auburn

Baltimore, Md.
Mrs. Katie R. Williams Schroeder

VALLEY
CONCRETE

BOULEVARD

1700

U.S.A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 0420
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO
(C) ...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1951, to JAN. 12, 1951, that I last saw the deceased alive on JAN. 11, 1951, and that death occurred at 4:09 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

937

REPORT OF DEATH

1/2/10

WOMAN'S COVE

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PLEASE WRITE IN UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0421
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kinlein, Edward Michael

2. DATE
OF
DEATH

January 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR
INDUSTRY

Opic Bindery

13. FATHER'S NAME

John Kinlein

ROCK BINDERY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2913 Hamilton Ave.

8. DATE OF BIRTH

Aug. 3-1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Dorothy Biltz

17. INFORMANT

MRS. Elsie A. Kinlein - 2913

Hamilton

18. 422.1 and 231X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardiac Decompensation

DUE TO

(B) Arteriosclerotic C. V. Disease

DUE TO

(C) Tumor of R. lung (Type unknown)

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1951, to 1/13, 1951, that I last saw the
deceased alive on 1/13, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23. SIGNATURE

Henry J. Housha

M. D.

23B. ADDRESS

333 S. East Ave

23C. DATE SIGNED

1/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/17/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William H. Williams

L. J. Kuck

5305 Narkord Rd

VS 150

1951 12904 420

937

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly. Important. correct age is especially important.

H-625

51 0422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0422

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lucy M. Harrison

2. DATE
OF
DEATH

Jan. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

3 yr

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Insufficiency

1 hr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-4*, 19*49* to *1/12*, 19*51*, that I last saw the deceased alive on *1/12*, 19*51*, and that death occurred at *1 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

David M. Miller

M. D.

23B. ADDRESS

4510 Harford Rd. 1X

23C. DATE SIGNED

1/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

17510000

94a

Dr. Miller
H510 Warford

51 0423

51 0423

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Smith Jr

2. DATE
OF
DEATH

1/12/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

1503 N. Carey St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

1503 N. Carey St

b. FULL NAME OF
(If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-01

d. STREET ADDRESS (If rural, give location)

1503 N. Carey St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12/22/1874

9. AGE (in years;
last birthday)

77

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman (Retired)

10b. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Sarah Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-01-5087

17. INFORMANT

ADDRESS

Frank Smith Jr 1503 N. Carey St

18. 593 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

5 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) nephritis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute renal

19a. DATE OF OPERATION

March 1949

19b. MAJOR FINDINGS OF OPERATION

obstruction of bladder

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1949, to Jan 12, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 3 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Douglas Shepperd

M. D.

23b. ADDRESS

404 N. Fulton Ave

23c. DATE SIGNED

1-11-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

1/15/51

24c. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cem

24d. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Isaiah L. Brown Sr

25. FUNERAL DIRECTOR

ADDRESS

Isaiah L. Brown Sr

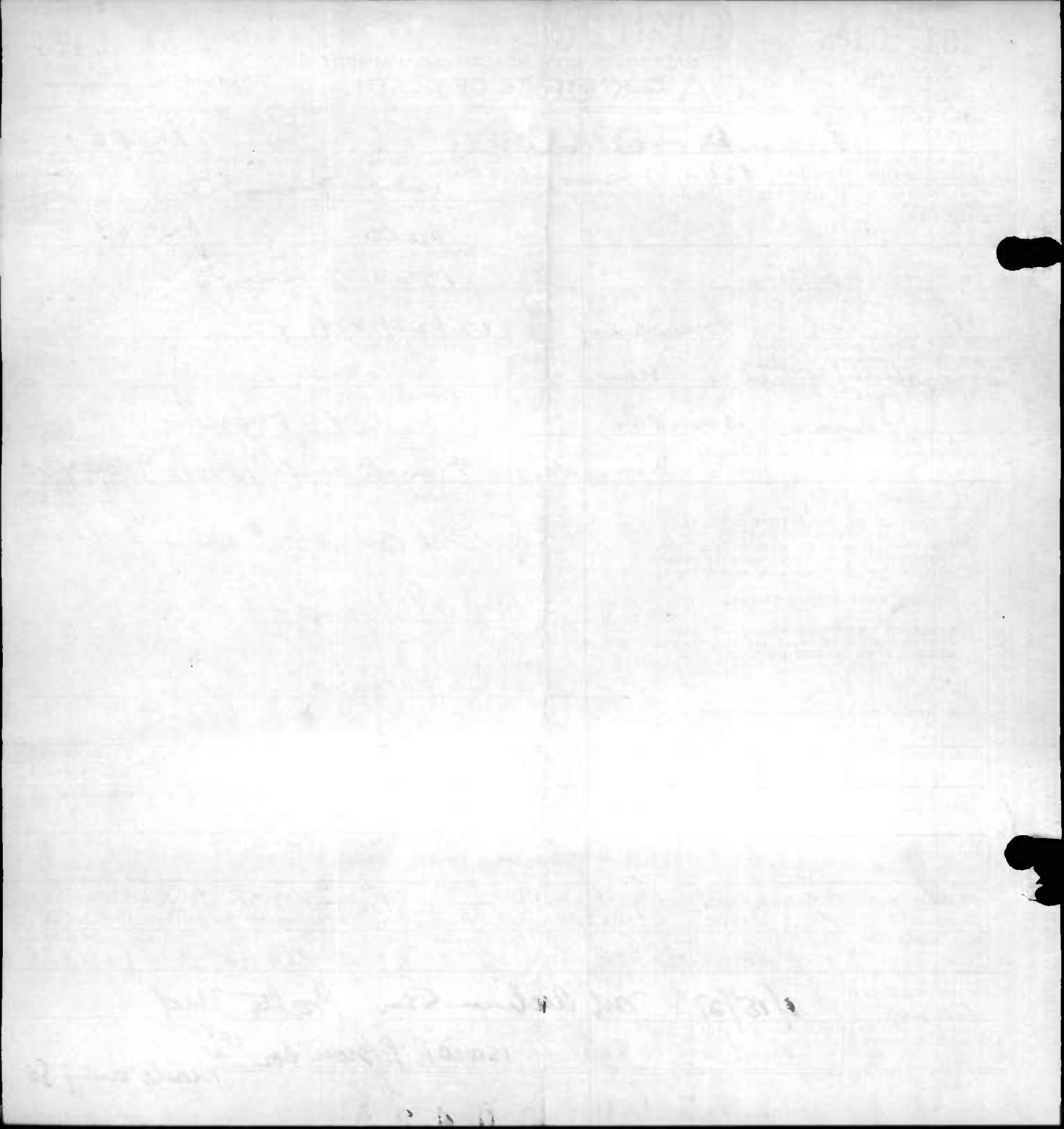
108 N. Montgomery St

JAN 15 1951

19510200420

131a

WITH UNFADING INK. Every item of information should be carefully supplied. The
important. Physicians: please write the causes of death clearly and legibly.
MEDICAL CERTIFICATION
PLEASE WRITE correct age is especially important.



PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-325

51 0424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0424
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Watson

2. DATE
OF
DEATH

I/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3908 N. Charles St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John J. Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

3/18/ 1868

9. AGE (In years last birthday)

82

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Harriett Voyce

17. INFORMANT

ADDRESS

Mrs W. S. Cahill 3908 N. Charles St

18. 420.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis Cardiovascular Disease

8 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Acute Heart Failure "Coronary"

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 3, 1947, to Jan 13, 1951, that I last saw the deceased alive on Jan 13, 1951, and that death occurred at 7:54 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur E. Little

23B. ADDRESS

M. D.

100 W. Madison St.

23C. DATE SIGNED

1-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

I/16/1951

Mt. Olivet

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William A. Williams, M.D.

Flynn & Fleming 1426 Light St.

810

THE STATE OF NEW YORK
IN SENATE
JANUARY 10, 1900

810

PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0425
Registered No.

BIRTH NO.

51 0425

1. NAME OF DECEASED
(Type or Print)

Alexander Kalinowski

2. DATE
OF
DEATH 1-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

1509 Lancaster St.

C. Length of stay in Baltimore Approx. 60yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1-1-1

9. AGE (In years last birthday)

73

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR INDUSTRY

R.E. Robinson Co

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Food Packers (W)
?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
212-01-4489

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 007X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

1yr.?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-1950, to 1-14-1951, that I last saw the deceased alive on 1-14-1951, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.S. Hogan

M. O.

23B. ADDRESS 4940 Eastern Ave.

Baltimore City Hospitals

23C. DATE SIGNED

1-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 18-1951

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 15 1951

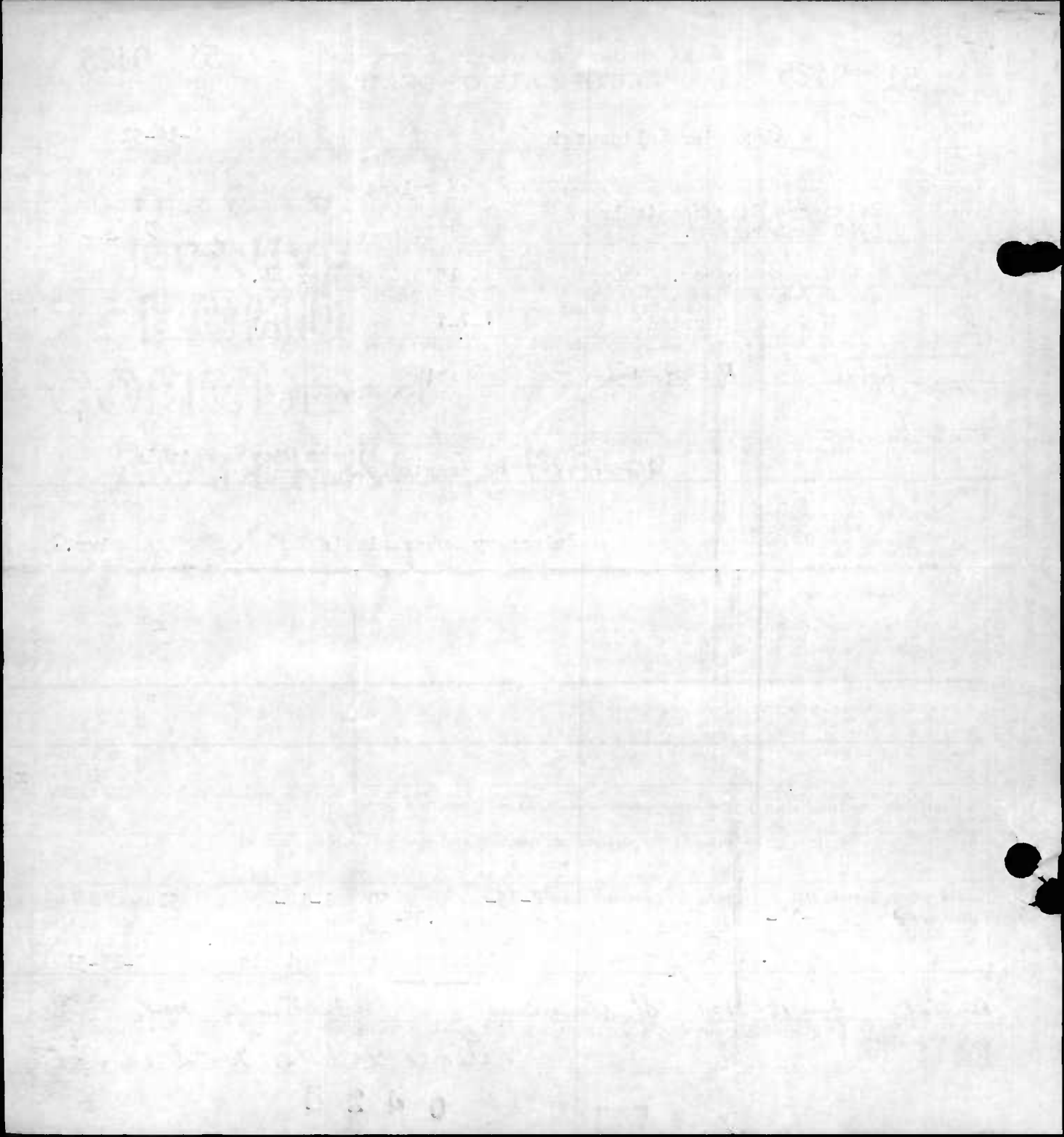
REGISTRAR'S SIGNATURE

George A. Weber

25. FUNERAL DIRECTOR

George A. Weber 705-S Ann St

ADDRESS



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correct and important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

51 0426
G-653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0426
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE CAMERON GRANT JR.		Jan. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
2018 Whittier Ave.		B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
31 yrs		Baltimore	
D. STREET ADDRESS (If rural, give location)		15-04	
2018 Whittier Ave.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored	Married	April 29, 1916
9. AGE (In years last birthday)	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
34	Office worker	Veteran Administration	34
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
York, Pa.	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George C. Grant Sr.		Marguerite Westcott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		17. FORMER ADDRESS	
		Mr. George C. Grant Sr. 2018 Whittier Ave.	

18. 201X and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Pulmonary tuberculosis</i>		1 yr	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Advanced Hodgkins Disease</i>		7 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Pulmonary tuberculosis</i>		9 months	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 11, 1951, to Jan 12, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 8:45 a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ernest R. Julian</i>		23B. ADDRESS 1207 Madison Ave		23C. DATE SIGNED 1/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		1/16/51		Baltimore National Cem. Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		REGISTRAR'S SIGNATURE <i>Ernest R. Julian</i>		25. FUNERAL DIRECTOR Holland Funeral Home 1631 Druid Hill Ave.	

See Document File 51-0426

1/22/1951 ES

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0427

BIRTH NO. 0427

1. NAME OF DECEASED (Type or Print) BELLE KASTAN		2. DATE OF DEATH 1-15-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03	
c. Length of stay in Baltimore 9 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2350 Eutaw Place	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 45 H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Louis Krutoff		14. MOTHER'S MAIDEN NAME Lillian Sharp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Murray Kasden - Baltimore	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Pulmonary Edema DUE TO INTERVAL BETWEEN ONSET AND DEATH 24 hours	(A) Acute Pulmonary Edema
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Hemiplegia DUE TO Cerebral embolus (B) Hemiplegia Hypertensive Cardio-vascular Disease (C) Hypertensive Cardio-vascular Disease INTERVAL BETWEEN ONSET AND DEATH 14 days 14 days ?	(B) Hemiplegia Cerebral embolus Hypertensive Cardio-vascular Disease
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 1, 1951 to 1-15, 1951 , that I last saw the deceased alive on 1-15, 1951 , and that death occurred at 1:30 p. m., from the causes and on the date stated above.		
23A. SIGNATURE G. A. [Signature] M. D.	23B. ADDRESS 1109 N. Calvert St	23C. DATE SIGNED 1-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 1-15-51	24C. NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem	24D. LOCATION (City, town, or county) (State) Queens N. Y.
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutaw Pl

19510100426

937

110976 Colvert
Sussex

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0428

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REV. MORRIS NISSEH

2. DATE
OF
DEATH

1-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

407 Forest St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

407 Forest St

c. Length of stay in Baltimore

38

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rabbi

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Mendel

14. MOTHER'S MAIDEN NAME

Sitel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sophie Nisseh - same

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage - 48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic Cardio-vascular disease?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-13-1951 to Jan-14-1951, that I last saw the deceased alive on Jan-14-1951, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Seidel

23B. ADDRESS

2404 Eutan Pl

23C. DATE SIGNED

1/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-16-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

Jack Lewin 2100 Eutan Pl

VS 150

9510000427

93D

Handwritten text, likely a letter or document, written in cursive. The text is mostly illegible due to fading and bleed-through from the reverse side. The visible text includes:

Handwritten text (top left):
Handwritten text (top right):
Handwritten text (middle left):
Handwritten text (middle right):
Handwritten text (bottom left):
Handwritten text (bottom right):

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-216 EA. 7800 51 0429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0429

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leon Weisberg

2. DATE
OF
DEATH

1-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Simon

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, State RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3820 Callaway Ave

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

self

8. DATE OF BIRTH

5-3-11

9. AGE (in years)

39

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Alcoholism

13. FATHER'S NAME

Simon

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Weisberg - Home

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral metastases

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Prostatic - prostatic

DUE TO

(possibly prostatic)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prostatic abdominal fistula

INTERVAL BETWEEN ONSET AND DEATH

?

?

over

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-51 to 1-15-51, that I last saw the deceased alive on 1-14-51, and that death occurred at 6:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1951

William Weisberg, M.D.

Jack Levin, 2100 East Ave

VS 150

9 39 48 000 0429 51B

We note that primary site is undeterminable
however, if possible, please state a
more definite anatomical location of the malignancy.

See Document File 51-0429

2/5/1951

ES

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

250
51 0430
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0430

1. NAME OF DECEASED (Type or Print) Clara V. Jackson		2. DATE OF DEATH Jan. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 122 S. East Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 122 S. East Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Jan. 13, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
13. FATHER'S NAME Charles M.		11. BIRTHPLACE (State or foreign country) Balto. Co. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Agnes Barker	
17. INFORMANT R. Jackson		ADDRESS 122 S. East Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) DUE TO Cancer of Caecum		
	(B) DUE TO Metastasis to liver		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) DUE TO Right Thigh		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Nov. 15-1950		19B. MAJOR FINDINGS OF OPERATION Cancer of Caecum Metastasis to Liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept. 15, 1950 to Jan 13, 1951 , that I last saw the deceased alive on Jan 12, 1951 , and that death occurred at 7 A. M. , from the causes and on the date stated above.				
23A. SIGNATURE Allen C. Buchanan		23B. ADDRESS 3129 E. Baiter St		23C. DATE SIGNED Jan. 11-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/16/51	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1951		REGISTRAR'S SIGNATURE Hamilton Williams		25. FUNERAL DIRECTOR Lawrence F. Hoffmann
				ADDRESS 1639 Broadway

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

P-235
V-120
AB-735951 0431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0431.

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roch Postanowicz (also known as Frank J. Novak)

2. DATE
OF DEATH 1-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

1-03

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2337 Eastern Ave

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals

c. Length of stay in Baltimore 61 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 11- 1866

9. AGE (In years last birthday)

84

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Pastanowicz (Postanowicz)

14. MOTHER'S MAIDEN NAME

Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease ? 10 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-28-1942 to 1-13-1951 that I last saw the deceased alive on 1-13-1951 and that death occurred at 12.35 PM from the causes and on the date stated above.

23A. SIGNATURE

R. S. Rozen M.D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

1-13-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 16 1951

Holy Rosary

Balto. County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John M. Weber

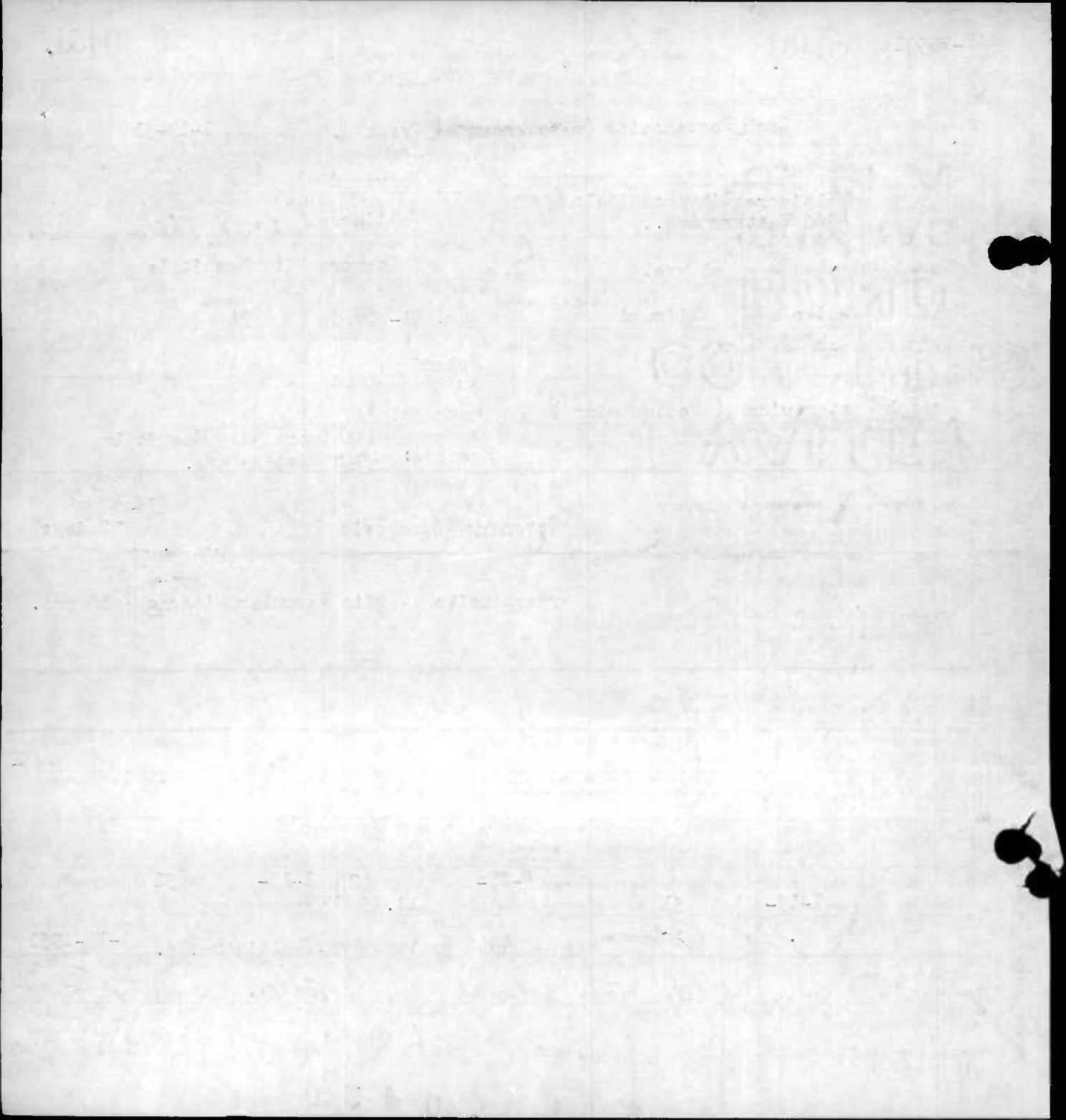
401 S. Chester Street

JAN 15 1951

93D

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

MEDICAL CERTIFICATION



51 0432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0432

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES JOSEPH PENNISON

2. DATE
OF
DEATH

Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE La.

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US Marine Hospital
Wyman Park Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Algiers

D. STREET ADDRESS (If rural, give location)

1432 Murl Street

c. Length of stay in Baltimore

14 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

3/14/03

9. AGE (In years
last birthday)

47

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

2nd mate

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

La.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Clopher Pennison

14. MOTHER'S MAIDEN NAME

Julia Barris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

163 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma left lung with hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 1, 1951 to Jan. 15, 1951, that I last saw the
deceased alive on Jan. 15, 1951, and that death occurred at 10:50 AM from the causes and on the date stated above.23A. SIGNATURE
John L. Wilson, Medical Director

M. D.

23B. ADDRESS
US Marine Hospital, Balto, Md.23C. DATE SIGNED
1/15/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Jan. 16/51

24C. NAME OF CEMETERY OR CREMATORY

Morgan City Cem.

24D. LOCATION (City, town, or county)

Louisiana

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. GENERAL DIRECTOR

ADDRESS

JAN 16 1951

William Williams

Philip's Herwig Sons

2024
Oleander St.

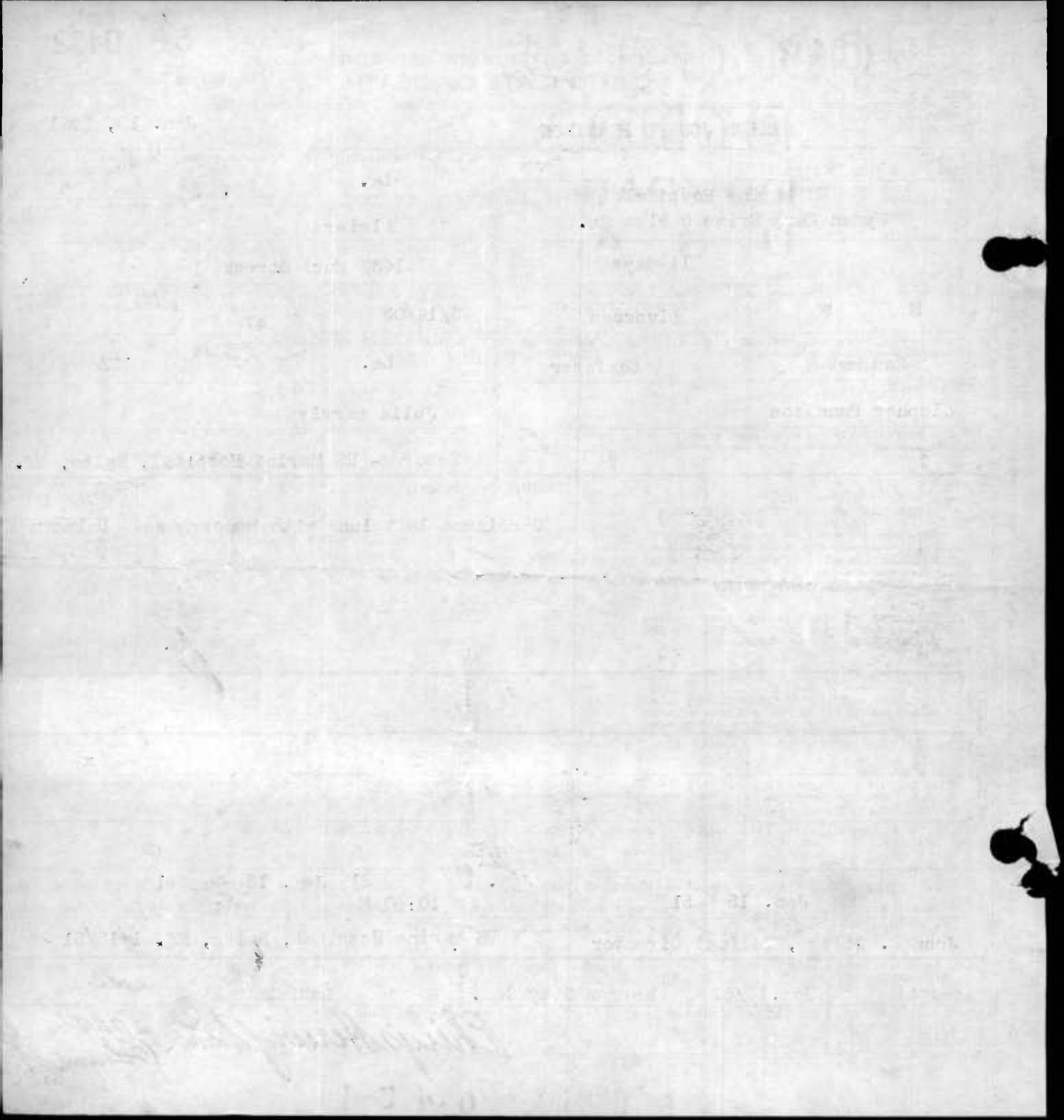
VS 150

1951 05 04 31

477

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 0433

51 0433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*James Boyd*2. DATE
OF
DEATH*1/1/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *27 n. Carey St.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 5-01*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Good Samaritan*

D. STREET ADDRESS (If rural, give location)

1228 Edyth St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*negro*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)*47*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

154X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*carcinoma of the rectum*INTERVAL BETWEEN
ONSET AND DEATH*about
3 years*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from *4/17*, 19*50*, to *12/30*, 19*50*, that I last saw the
deceased alive on *12/30*, 19*50*, and that death occurred at *3:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Weinberg, M. D.

23B. ADDRESS

912 Broome Lane

23C. DATE SIGNED

*1/5/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*UNIVERSITY MEDICAL SCHOOL JAN 6 1951*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JAN 8 1951**Walter J. Williams, Jr.**Director of Health*

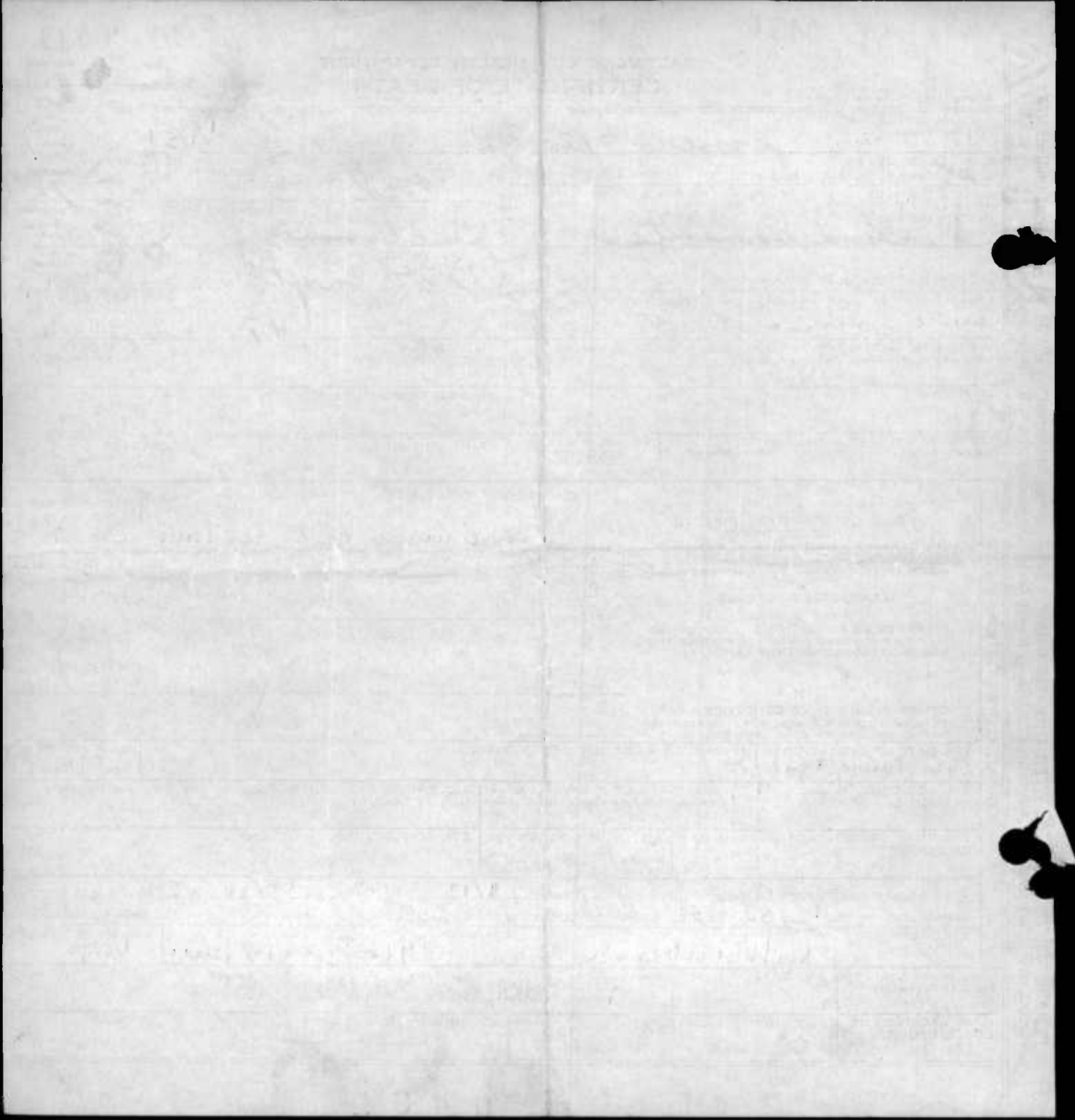
VS 150

19510000432

467

PLEASE WRITE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



7-251

51 0434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0434

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sydney

Rosenblatt

2. DATE
OF
DEATH

January 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3607 Clarinith Road 27-20

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 10, 1906

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pharmacist

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Israel Rosenblatt

14. MOTHER'S MAIDEN NAME

Kathe Silverman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Betty Rosenblatt 3607 Clarinith Road

18.

E976X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bullet wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Automobile-back seat

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR? Parked on Johnnycake Rd. 2mile South of Engleside Ave., Balto.
Co.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 15, 1951 ? m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durelach, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Har Zion Cong Rosedale

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126 W

VS 151

N-803.4, 051 02364 0433

164c V

The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MEDICAL CERTIFICATION
ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME		AGE		SEX		RACE		RELIGION		MARRIAGE		EDUCATION		OCCUPATION		RESIDENCE		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE		DATE	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
BIRTH NO.				51 0435	
1. NAME OF DECEASED (Type or Print)		BENJAMIN GROLNICK		2. DATE OF DEATH January 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 2026 Mount Royal Avenue		E. LENGTH OF STAY IN BALTIMORE 40 yrs.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1905	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Taxi-cab		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Israel Grolnick		14. MOTHER'S MAIDEN NAME Bella Levinson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 094-01-4989		17. INFORMANT ADDRESS Philip Grolnick- 5303 Fairlawn Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PONTINE HEMORRHAGE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIOVASCULAR DISEASE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley K. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/16/51		24C. NAME OF CEMETERY OR CREMATORY Anshei Emunah Cong.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS Sol. Levinson & Bros. - 1124-26 N. North Ave.			
DATE RECEIVED BY LOCAL REGISTRAR Jan 16 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

51 0436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0436

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE M. SEARS

2. DATE
OF
DEATH

Jan. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2211 W. Rogers Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Home for Aged of Meth. Church

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 20, 1866

9. AGE (in years
last birthday)

84

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George T. Sears

14. MOTHER'S MAIDEN NAME

Malonia Steiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Mamie B. Fisher 2211 W. Rogers Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Cerebral Hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

Arteriosclerosis

20 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to Jan. 13, 1951, that I last saw the deceased alive on Jan. 3, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davis, M. D.

23B. ADDRESS

800 W. 33rd St.

23C. DATE SIGNED

1-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/17/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Arthur J. Davis, M. D.

25. FUNERAL DIRECTOR

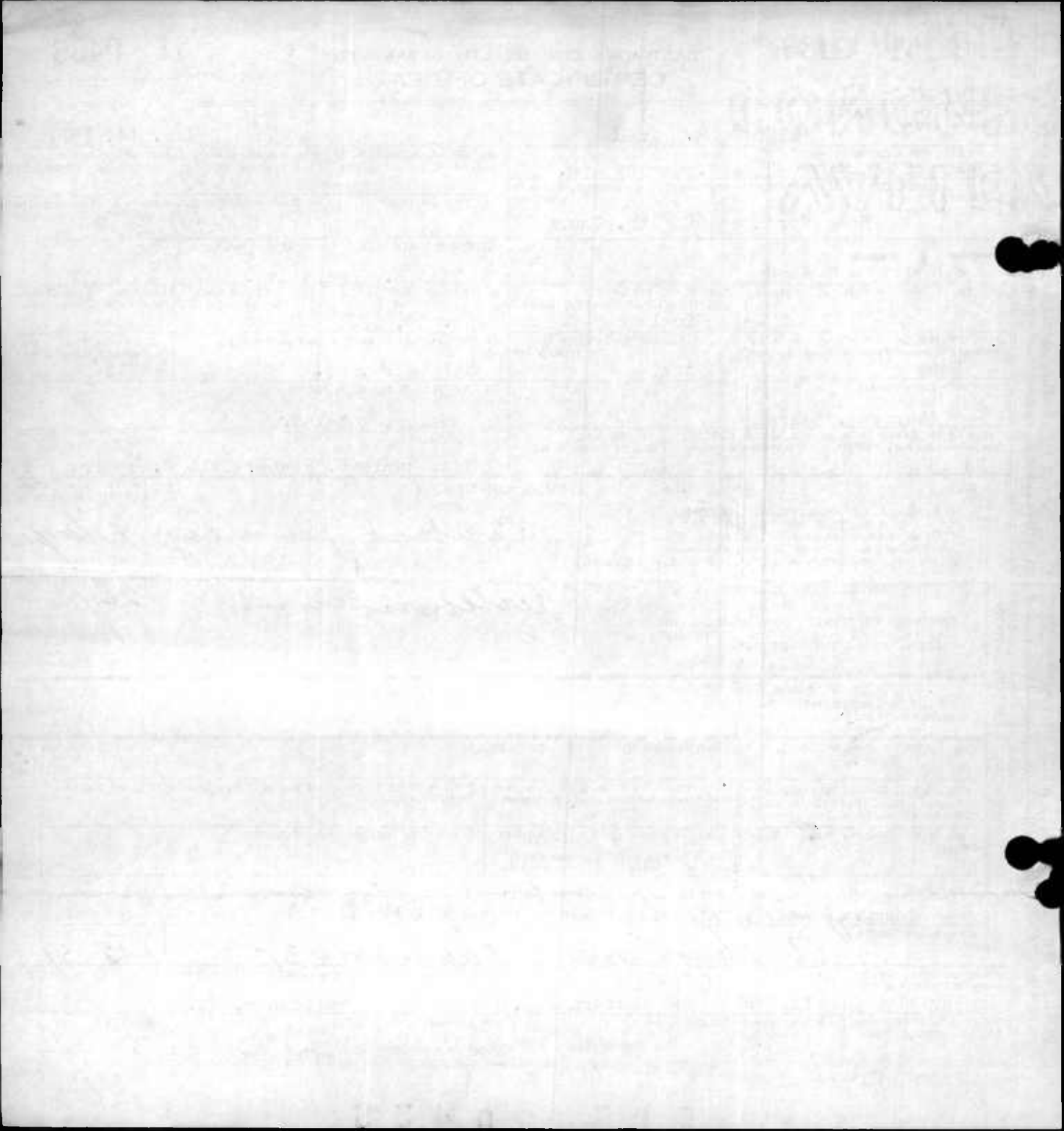
ADDRESS

Wm. J. Schmitt - Sons Inc. Balt Md

JAN 18 1951

100000435

83a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1/13 1957, to 1/15 1957, that I last saw the
deceased alive on 1/15 1957, and that death occurred at 10⁰⁰ Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL / CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1957

1957 10 20 0436

127a

STATE OF TEXAS
COUNTY OF DALLAS

1900

STATE OF TEXAS

COUNTY OF DALLAS

1900

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1900

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0438
326

SCHWEITZER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0438
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Florence M. Schweitzer</i>		2. DATE OF DEATH <i>1/15/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 8-05</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1910 N. Chester St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2/24/1884</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William F. Tauber</i>		14. MOTHER'S MAIDEN NAME <i>Matilda (Unknown)</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Natasha Schweitzer</i>		18. ADDRESS <i>Box 277 Route 13 E044x 21</i>	
18. <i>584X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Acute Cholecystitis</i>		?	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Cholelithiasis</i>		?	
II		(C) <i>Heart Failure Antecedent</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>C. V. Disease</i>			
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/13/51</i> , 19 <i>51</i> , to <i>1/15/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/15/51</i> , 19 <i>51</i> , and that death occurred at <i>11:55 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James C. Donnan</i>		23B. ADDRESS <i>Lutheran Hospital</i>		23C. DATE SIGNED <i>1/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/18/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 16 1951</i>		24F. REGISTRAR'S SIGNATURE <i>for William H. ...</i>	
25. FUNERAL DIRECTOR <i>Way Corp Inc. 1217 St. Paul St.</i>		25. ADDRESS		25. ADDRESS	

VS 150

510400437

937

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN		SIGNATURE OF JUDGE		SIGNATURE OF CORONER	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	

51 0439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0439
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Shalowitz

2. DATE OF DEATH

Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore Md 501 5th Street St

c. Length of stay in Baltimore

50 Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARRIAGE NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. *420.1 I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *ACUTE MYOCARDIAL INFARCTION 3D.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *CORONARY ARTERIOSCLEROSIS 15 YR.*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/12*, 19*51*, to *1/15*, 19*51*, that I last saw the deceased alive on *1/15*, 19*51*, and that death occurred at *11* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Stokes III M. D.

1-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1951

Jack Lewis 2000 Cutaw Pl

VS 150

210 93 000 0430

94a

CONFIDENTIAL

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CONFIDENTIAL

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) FANNIE HINKLEMAN	
2. DATE OF DEATH 1-16-51					
3. PLACE OF DEATH: A. Baltimore City, Maryland 2476 Shirley ave				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Carmel Home				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05	
C. Length of stay in Baltimore 40 Yrs. Months Days				D. STREET ADDRESS (If rural, give location) 2014 McElderry St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-20	9. AGE (in years last birthday) 82	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Nachman			14. MOTHER'S MAIDEN NAME Chang		12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Charles Hinkleman - Son
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteroseptal Coronary Disease DUE TO Chronic Myocarditis DUE TO Chronic Myocarditis DUE TO			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 5 years		
19. DATE OF OPERATION _____ 19. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 2, 1950 , to Jan. 16, 1951 , that I last saw the deceased alive on Jan. 15, 1951 , and that death occurred at 3 1/4 m., from the causes and on the date stated above.					
23A. SIGNATURE Samuel B. Wolfe		23B. ADDRESS 1331 Elworth Ave		23C. DATE SIGNED Jan. 16, 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-16-51		24C. NAME OF CEMETERY OR CREMATORY Balto. Hebrew	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. NAME OF CEMETERY OR CREMATORY Balto. Hebrew		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1951		REGISTRAR'S SIGNATURE Samuel B. Wolfe		25. FUNERAL DIRECTOR Jack Lewis & Co 2100 Centard Pl	

Woefer
2714 Keist Road
10/7/11

K-6250 0441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0441
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J George Krause

2. DATE
OF
DEATH

Jan 14 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO CITY MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1104 Southern Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Gardenville

(If outside corporate limits, write RURAL, and give township)

27-01

D. STREET ADDRESS (If rural, give location)

4104 Southern Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Nov. 29 - 1868

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO. CO MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Krause

14. MOTHER'S MAIDEN NAME

Pauline Ackerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Miss. Sophia Krause 4104 Southern Ave MD

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pyelonephritis

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ascending Infection - kidneys of
Bladder (hemorrhagic)

6 months

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from July 5, 1950 to Jan 14, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 11:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Queller

M. D.

2348 Eutan Ave

Jan 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/17/51

Parkwood Cem

BALTO

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 19 1951

James W. Williams

Lassahn Funeral Home 7401 Belair Rd. Md.

VS 150

19510220440

133a

MEDICAL CERTIFICATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2348 *Law pl.*

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and in full. correct age is especially important.

MEDICAL CERTIFICATION

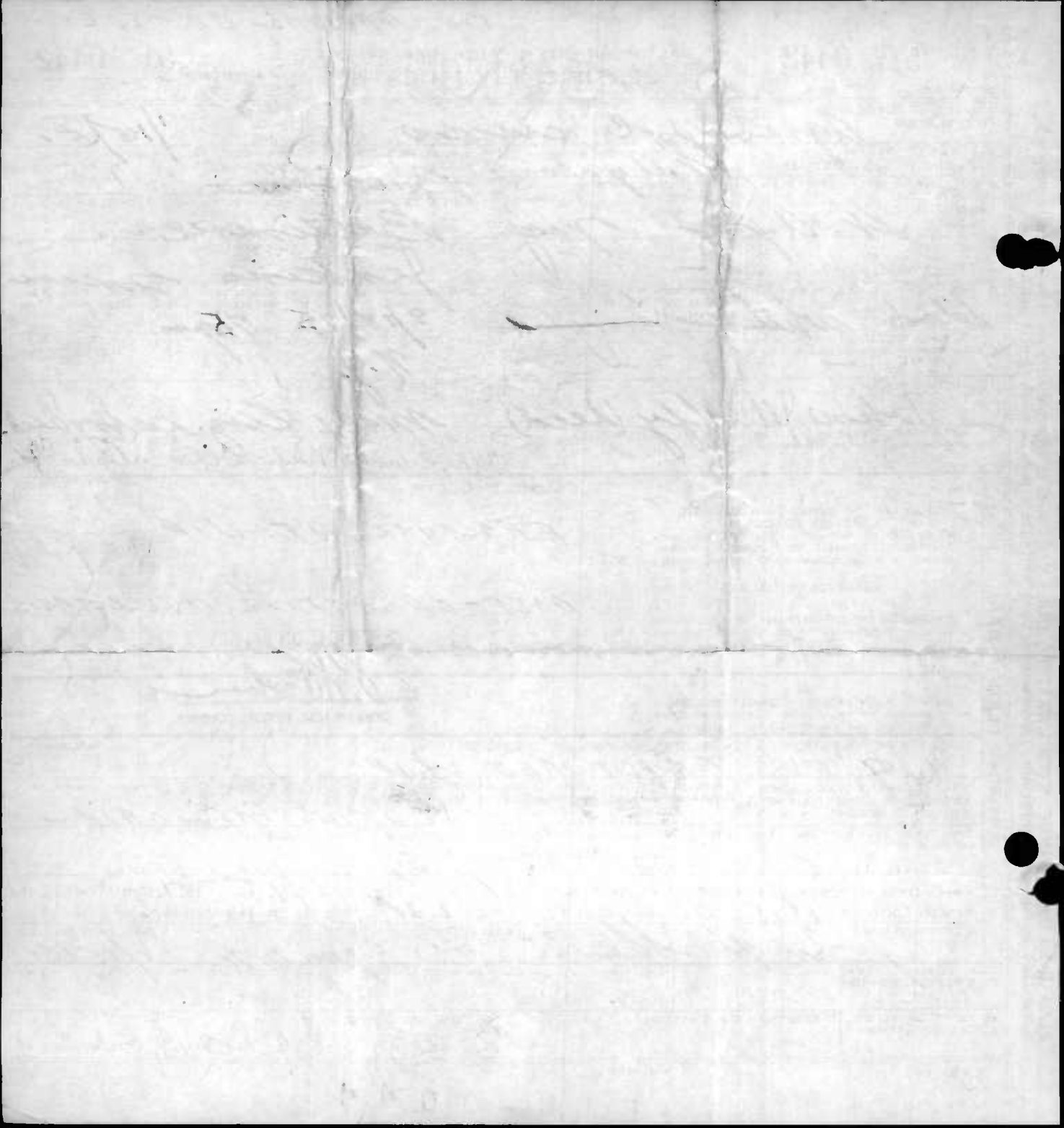
M-265 51 0442		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 0442	
BIRTH NO. MCGRAIN		1. NAME OF DECEASED (Type or Print) Agnes M. C. McGrair		2. DATE OF DEATH 1/15/51	
3. PLACE OF DEATH Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, 1 institution; residence before admission) A. STATE Baltimore B. COUNTY Md.		5. CITY OR TOWN Baltimore 25-41	
6. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes		7. DATE OF BIRTH 9/18/75		8. AGE (In years last birthday) 75	
9. LENGTH OF STAY IN BALTIMORE -		10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. BIRTHPLACE (State or foreign country) N.J.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John J. Duffy (decd)		14. MOTHER'S MARDEN NAME Mary Eliz. Barry (decd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Edw. R. Rudiger, Ambassador Apts.		18. CAUSE OF DEATH	
18. E 903.7, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) FRACTURE RT. HIP		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) POST-OPERATIVE PNEUMONIA		CERTIFICATION APPROVED BY	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		CHIEF OR ASST. MEDICAL EXAMINER.	
19A. DATE OF OPERATION 1/9/51		19B. MAJOR FINDINGS OF OPERATION FRACTURED HIP		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Convalescent Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1000 S. Caton Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 5, 1951 ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to floor	
22. I hereby certify that I attended the deceased from 1/6, 1951, to 1/15, 1951, that I last saw the deceased alive on 1/15, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Shaw M.D.		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 1/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/17/51		24C. NAME OF CEMETERY OR CREMATORY St. Mary's	
24D. LOCATION (City, town, or county) Lancaster, Pa.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR		24H. ADDRESS		24I. DATE SIGNED	
24J. SIGNATURE		24K. ADDRESS		24L. DATE SIGNED	

JAN 15 1951

N-820.0

19510000441

186a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-117292

V-52651

0443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

0443

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna VanCura

2. DATE
OF
DEATH

1-15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS 4940 Eastern Ave.

Baltimore City Hospitals

C. Length of stay in Baltimore

41yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 30-1876

9. AGE (In years last birthday)

74

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

Czech.

13. FATHER'S NAME

? Bednar

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18.

443X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Multiple Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease

DUE TO

Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-1948 to 1-15-1951, that I last saw the deceased alive on 1-15-1951 and that death occurred at 5.40AM, from the causes and on the date stated above.

23A. SIGNATURE

[Signature] M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

1-15-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

24D. LOCATION (City, town, or county) (State)

Horner's Lane, Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

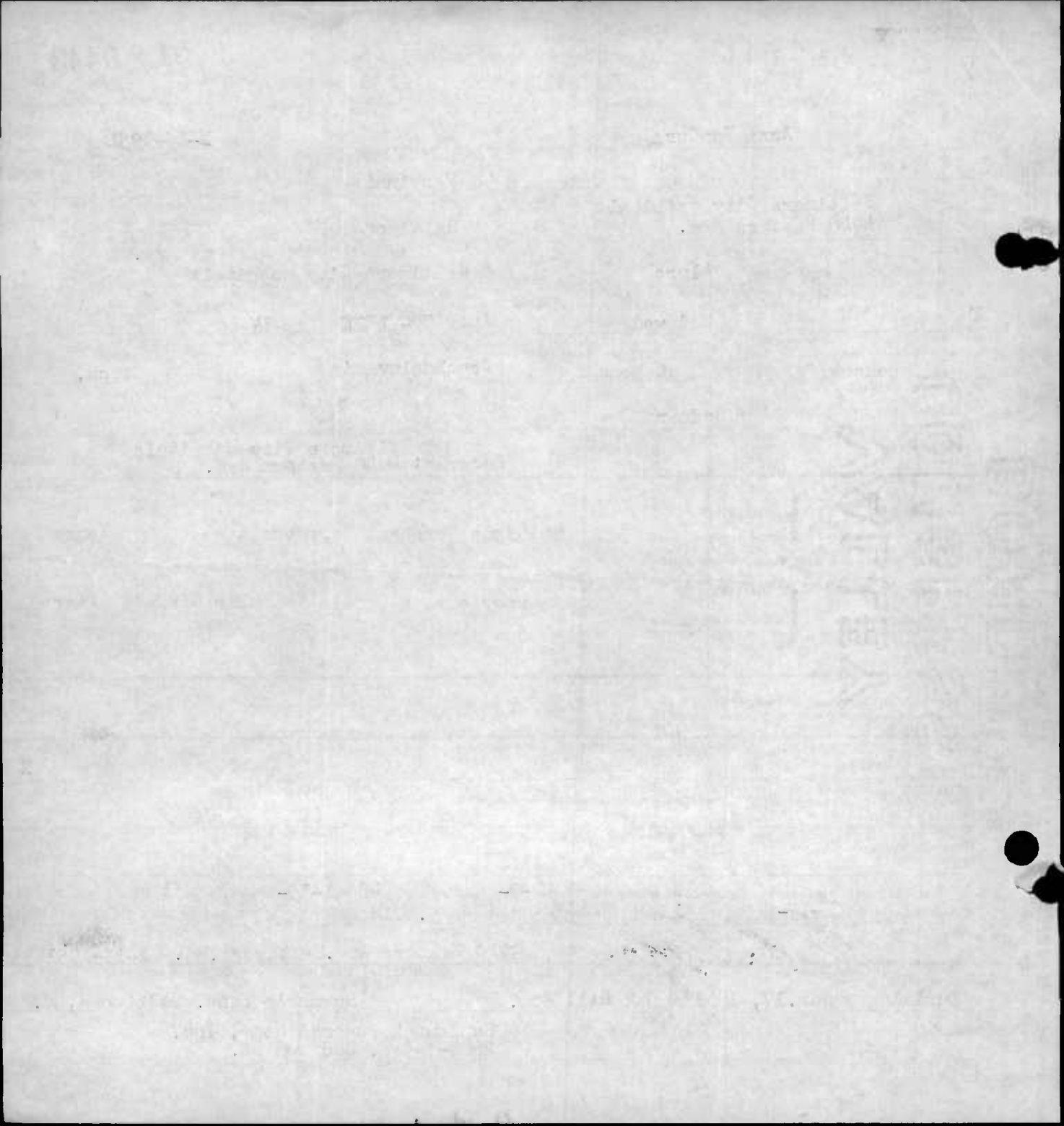
Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

JAN 16 1951

19510000

937



G-456 0444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0444
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Gilmore		2. DATE OF DEATH JAN 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL. 2		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-04	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2123 LHEWELYN AVE.	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-9-17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saborg		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Robert Gilmore		14. MOTHER'S MAIDEN NAME Pearl Coleman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT THE JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 410 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary embolus DUE TO mixed thrombus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic heart disease DUE TO Acute stenosis & insufficiency DUE TO chronic peptic ulcer	INTERVAL BETWEEN ONSET AND DEATH ? (over) 10 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-6-1951 , to 1-12-1951 , that I last saw the deceased alive on 1-12-1951 , and that death occurred at 2 AM. , from the causes and on the date stated above.		
23A. SIGNATURE Thomas J. Walsh	23B. ADDRESS THE JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 1-12-51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 1/16/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Airy Cemetery
24D. LOCATION (City, town, or county) (State) a a Co., Md	24E. NAME OF CEMETERY OR CREMATORY	24F. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Mr. L. A. Elliott & Right. 1129 N. Caroline

Was this rheumatic heart condition
accompanied by active rheumatic fever
at the time of death

or

inactive, quiescent — a chronic condition?

See Document File 51-0444 for complete anatomical diagnosis

2/1/51 Es

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-6 20
51 0445

BURRIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0445
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William M Bunniss^{sr} Bunniss		2. DATE OF DEATH JAN 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 916^N Monroe St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04	
c. Length of stay in Baltimore 20 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 916 Monroe St	
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Jan. 18 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contracting		10B. KIND OF BUSINESS OR INDUSTRY building	
13. FATHER'S NAME John Bunniss		14. MOTHER'S MAIDEN NAME 7.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Henrietta Bunniss		ADDRESS 916 Monroe St	

18. **179X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) **Squamous Cell Carcinoma of Penes - extensive to urethra + Prostate gland.**
DUE TO
(B)
DUE TO
(C)

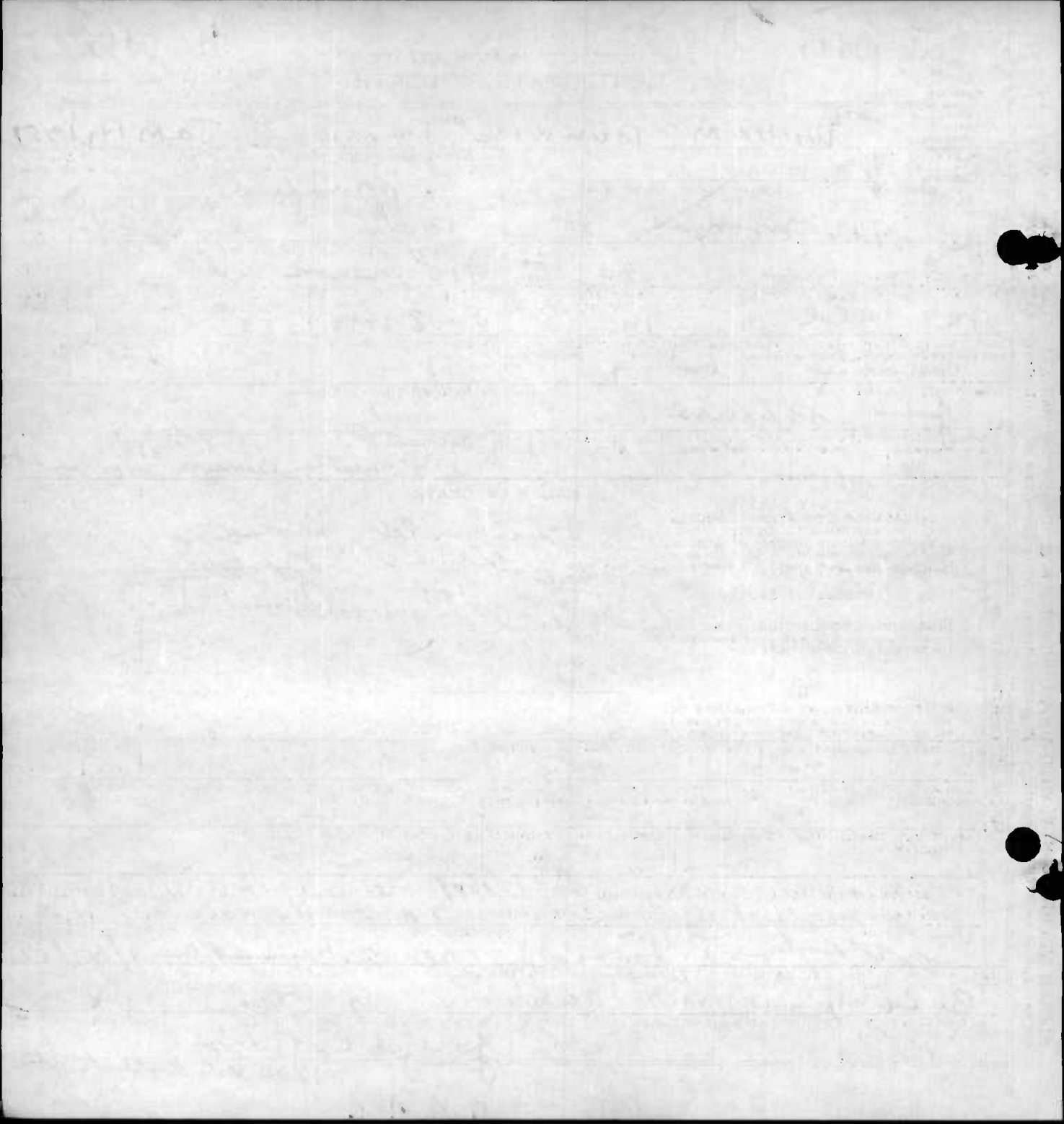
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION no		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY no m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 1/8/51 , 1951, to 1/14 , 1951, that I last saw the deceased alive on 1/4/51 , 1951, and that death occurred at 9 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. A. Jones M.D.		23B. ADDRESS 1300 N. Fremont Ave		23C. DATE SIGNED 1/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 18, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Westport, Ind.		25. FUNERAL DIRECTOR Joseph L. Russ		ADDRESS 1200 MC Cullough St	
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1951		REGISTRAR'S SIGNATURE William M. Burriss			

VS 150

105 155224 0444

51D



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-565 0446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0446
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEULAH M. ANARINO

2. DATE
OF
DEATH

JANUARY 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

South Balto Gen. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

23-01

D. STREET ADDRESS (If rural, give location)

1027 D. Hanover St.

c. Length of stay in Baltimore

10 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 10, 1909

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Curry

14. MOTHER'S MAIDEN NAME

P

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

217-20-8224

17. INFORMANT

ADDRESS

Stephen J. Anarino - 1027 D. Hanover St.

18.

204.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myelogenous Leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16, 1951, to Jan 14, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. C. D. Quirino

23B. ADDRESS

1213 LGAT ST BALTO. 30 MD

23C. DATE SIGNED

1-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Haven

24D. LOCATION (City, town, or county)

Pitchie Highway Balto - Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

WRAUSE FUNERAL HOME

JAN 16 1951

VS 150

1216 S. CHARLES ST. 74a

1951010004125 BALTO 30 MD

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 0447**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thelma Brighton

2. DATE
OF
DEATH

Jan. 13 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **430 E. 20 St**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **430 E. 20 St**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-1951

D. STREET ADDRESS (If rural, give location)

430 E. 20 St 12-04

c. Length of stay in Baltimore **Final Years**

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Osborn Singleton

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Thelma Singleton

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. **442 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Congestion**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive C-V Renal Disease**
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH
(History)
2 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1/11**, 19**51**, to **1/13**, 19**51**, that I last saw the deceased alive on **1/11**, 19**51**, and that death occurred at **6:30** p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JAN 16 1951

FEDERAL DIRECTOR

ADDRESS

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-263
51 0448

51 0448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or print)

Lamb Richardson

2. DATE OF DEATH

January 13, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2101 Cold Spring Lane

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

J

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

7. INFORMANT ADDRESS
John J. Carr. 1004 N. Mount St.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio Sclerosis and Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec. 28, 1950*, to *Jan 13, 1951*, that I last saw the deceased alive on *Jan. 10, 1951*, and that death occurred at *4 a* m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. R. Johnson

23B. ADDRESS

403 Madison Bldg.

23C. DATE SIGNED

1-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial
DATE RECEIVED BY LOCAL REGISTRAR
JAN 16 1951

24B. DATE

Jan-16-1951

24C. NAME OF CEMETERY OR CREMATORY

Wt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

REGISTRAR'S SIGNATURE

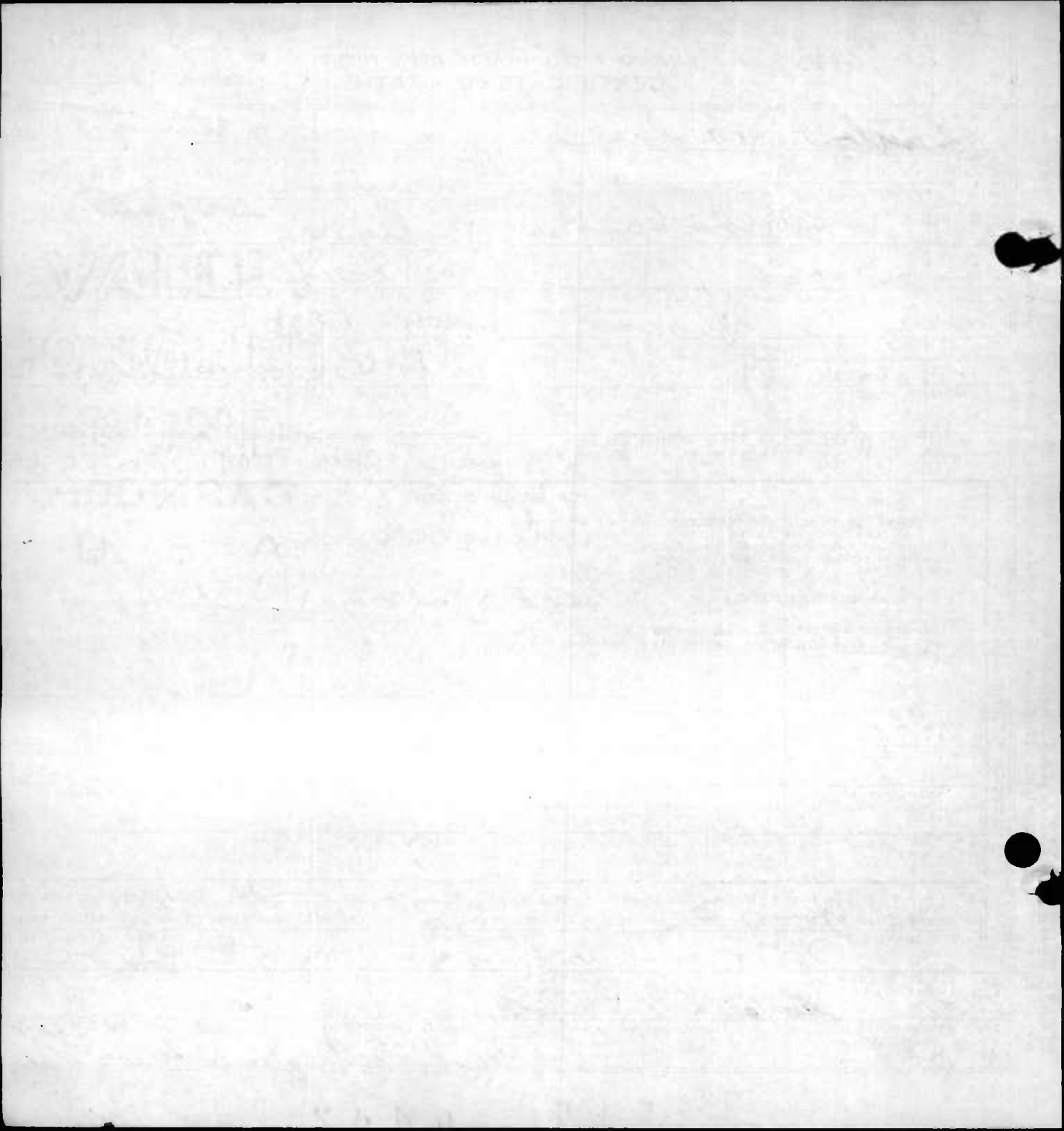
Jan 16 1951

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schreiner St.



K-400
51 0449BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0449
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Kelly

2. DATE
OF
DEATH

1-14-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-01

D. STREET ADDRESS (If rural, give location)

1431 Edmondson Ave..

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

September 10, 1917

9. AGE (In years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture Dealers

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Pernell Kelley.

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes World War II.

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Florence K. Kelley. 1431 Edmondson Ave.

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Williams

23B. CHIEF MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

1-14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

6886600440

94a7

AB-144806 S-530
51 0450BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0450
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel D. Smith

2. DATE
OF
DEATH

1-14-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

406 S. Lehigh St.

E. Length of stay in Baltimore

64 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 22-1878

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done)

Rigger

10B. KIND OF BUSINESS OR
INDUSTRY

Lynch Bros. Shipyard

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Smith

14. MOTHER'S MAIDEN NAME

Alice Mucculea

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		6 Months
(A) Carcinoma of Lung	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		10 Yrs.
(B)	DUE TO	
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Generalize Arteriosclerosis		

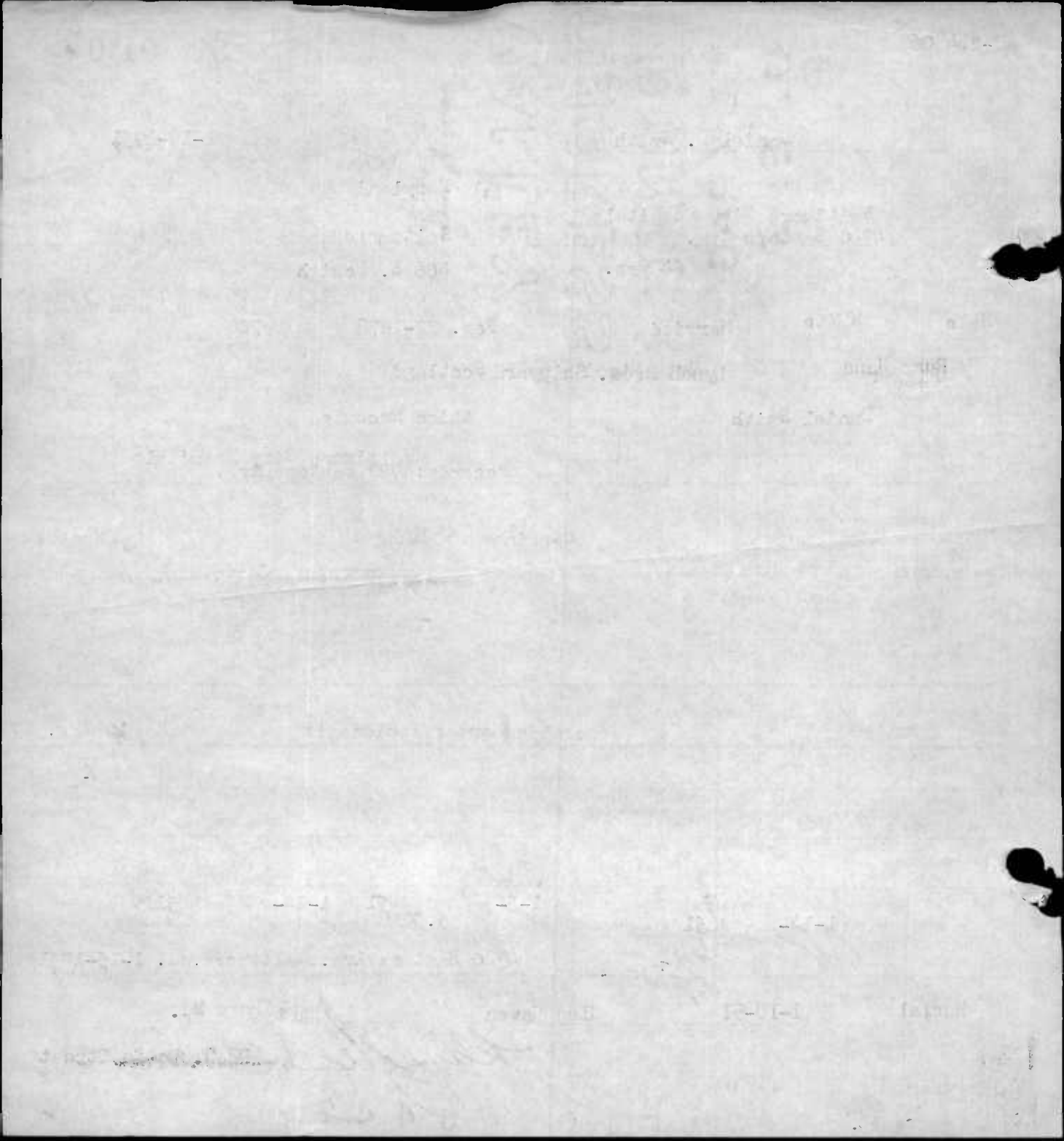
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-5-1951, to 1-14-1951 that I last saw the deceased alive on 1-14-1951, and that death occurred at 5.50AM, from the causes and on the date stated above.			
23A. SIGNATURE J. Drogen	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 1-15-1951	

24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	1-18-51	Glen Haven	Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Address	403 S. Wolfe Street

JAN 16 1951

105 1504340442

477



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0451

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Whitley

2. DATE
OF
DEATH

Jan 14th 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

6 Franklin Square

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2603 E. Preston St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 23rd 1887

9. AGE (In years last birthday)

63

10 Under 1 Year 11 Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hoffman

14. MOTHER'S MAIDEN NAME

Veronica Stabler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward Whitley 2603 E. Preston St

18.

584X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

arteriosclerotic heart disease & aneurysm

(C) decompensated heart failure

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

1/11/51

19B. MAJOR FINDINGS OF OPERATION

ruptured ulcer, cholelithiasis & cholecystitis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/7/51, 1951, to 1/14/51, 1951, that I last saw the deceased alive on 1/14/51, 1951, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Dr. S. S. Williams, Jr.

M. D.

23B. ADDRESS

Franklin Square Hotel

23C. DATE SIGNED

1/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 17th 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Road

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1951

Leo S. Leach 1701-03 N. Patterson Park Ave

VS 150

Dr. S. S. Williams, Jr.

510000450

117B

STATE OF TEXAS
COUNTY OF DALLAS

10

5-220 0452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0452

BIRTH NO. 5-200

1. NAME OF DECEASED
(Type or Print)

Alexander Szegsch (Jash)

2. DATE
OF
DEATH

Jan 13 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

321 S. Ann Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2-02

D. STREET ADDRESS (If rural, give location)

321 S. Ann Street

c. Length of stay in Baltimore

64

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 22 1823 77 28

9. AGE (In years
last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired for 14 years

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

Poland

13. FATHER'S NAME

George Szegsch

14. MOTHER'S MAIDEN NAME

Jozifa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If so, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 321

Mrs. Barbara Szegsch S. Ann St.

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis -
generalized

2.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept. 1950 to 1/13, 1951, that I last saw the
deceased alive on 1/13, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Klines

23B. ADDRESS

2623 E. Monument St

23C. DATE SIGNED

1/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1951

William Williams, Jr.

Mary Weber 401 S. Chester

94a Street

1 4 5 1 0 0 0 0 4 5 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

2623 8. Monument St

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U-220
51 0453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0453
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Annie Uchuck</i>	
2. DATE OF DEATH <i>Jan 16, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>	
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh.</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Aug 7, 1898</i>	
9. AGE (in years last birthday) <i>52</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house</i>	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>	
14. MOTHER'S MAIDEN NAME <i>Amelia Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.	
17. INFORMANT <i>George Uchuck</i>	
ADDRESS <i>4905 Libby St. NW</i>	
18. CAUSE OF DEATH 1B. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
(A) <i>Major gangrene both legs</i> DUE TO	
(B) <i>Ascending thoracic spinal fluid</i> DUE TO	
(C) <i>Anteriorly cardiac muscle cell death</i> DUE TO	
INTERVAL BETWEEN ONSET AND DEATH <i>39 days</i> <i>39 days</i> <i>several years</i>	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 19</i> , 1950, to <i>Jan 16</i> , 1951, that I last saw the deceased alive on <i>Jan 21</i> , 1951, and that death occurred at <i>3:10 A.M.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>G. S. Bryant</i>	
23B. ADDRESS <i>Maryland Gen. Hosp.</i>	
23C. DATE SIGNED <i>1/16/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>1/19/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 16 1951</i>	
REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
25. FUNERAL DIRECTOR <i>Wm. Cook</i>	
ADDRESS <i>1217 St. Paul St.</i>	

1951 0000452

131a

100

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

TO THE SECRETARY OF THE ARMY
FROM THE SECRETARY OF THE ARMY
SUBJECT: [illegible]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

N-550 0454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0454
Registered No.

BIRTH NO. 50-02628

1. NAME OF DECEASED
(Type or Print)

LINDA K. NEWMAN

2. DATE
OF
DEATH

1-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-05

D. STREET ADDRESS (If rural, give location)

1001 KEEL COURT

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

Feb 7 50

9. AGE (In years
last birthday)

11 7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roger Newman

14. MOTHER'S MAIDEN NAME

Mary Hinge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise Crouch 1001 Keel Ct.

18. 340.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

meningitis due to
H. Influenza

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1950, to 1-14, 1951, that I last saw the
deceased alive on 1-14, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Haffer

23B. ADDRESS

University City

23C. DATE SIGNED

1-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/17/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mark

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1951

Funeral Home

1214 St Paul St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

4-2-14

4-1-1

0

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1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLYDE BRANSOOM

2. DATE

OF DEATH Jan. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

11 W. Mount Vernon Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 11, 1899

9. AGE (In years last birthday)

52

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Lines,

11. BIRTHPLACE (State or foreign country)

Tenn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Branscom

14. MOTHER'S MAIDEN NAME

Sallie Medaris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Hammerslough, 11 W. Mt. Vernon Place

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inq. & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Decker

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Jan. 16, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/16/51

24C. NAME OF CEMETERY OR CREMATORY

Lake City

24D. LOCATION (City, town, or county)

Lake City, Tenn

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1217 St Paul St

V S 151

051 350550454

94a

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Death		Time of Death		Place of Death	
Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Coroner		Signature of Registrar	

CAUSE OF DEATH

Immediate Cause		Intermediate Cause		Underlying Cause	
Manner of Death		Occupation		Signature of Physician	

Signature of Coroner		Signature of Registrar		Signature of Medical Examiner	
Date of Death		Time of Death		Place of Death	
Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Coroner		Signature of Registrar	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and fully supplied. The

AB-144984
S-530
51 0456

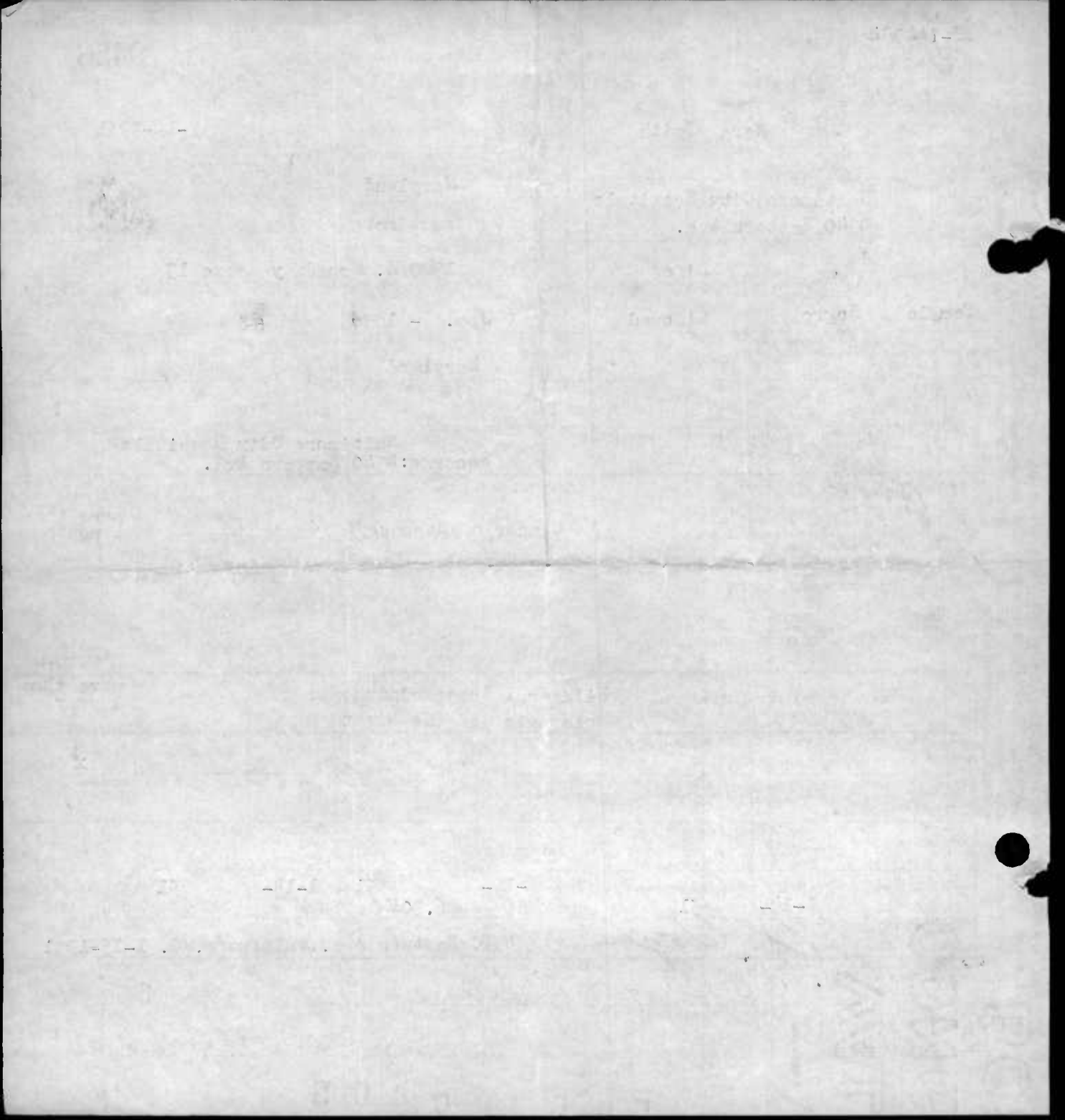
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0456
Registered No.

BIRTH NO. 51 0456		1. NAME OF DECEASED (Type or Print) Nora Smith		2. DATE OF DEATH 1-14-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1309 N. Broadway zone 13			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 5- 1897	9. AGE (In years, month, day) 54 53	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cancer of Stomach		CAUSE OF DEATH Cancer of Stomach		INTERVAL BETWEEN ONSET AND DEATH more than 1 month	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bilateral Bronchopneumonia Sclerosis of the Liver		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		more than 1 year	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-10- , 19 51 to 1-14- , 19 51 that I last saw the deceased alive on 1-14- , 19 51 and that death occurred at 6.30 PM. , from the causes and on the date stated above.					
23A. SIGNATURE J. S. Bogan		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 1-15-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1/18/51		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Mrs. Lottie Gross		ADDRESS 1408 Ashland Ave	
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1951		REGISTRAR'S SIGNATURE		VS 150	

E. 10000450

46B



C-450
51 0457

51 0457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CARD CALHOUN		2. DATE OF DEATH 1/15/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 648 W See St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02	
D. STREET ADDRESS (If rural, give location) 648 W See St		E. Yrs. 5 Mos. 0 Days 0	
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1920
9. AGE (In years last birthday) 29		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) S. Carolina		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME IVEyre Baxter		14. MOTHER'S MAIDEN NAME Lutcha Bender	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Richard Calhoun		ADDRESS 648 W See	

18. 002X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis	2 wks.
ANTECEDENT CAUSES	(B) _____	_____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____	_____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/11/51 to 1/15/51 , that I last saw the deceased alive on 1/14/51 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE Dr. Trauer	23B. ADDRESS 122 W See St	23C. DATE SIGNED 1/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 1/18/51	24C. NAME OF CEMETERY OR CREMATORY Sumner	24D. LOCATION (City, town, or county) (State) South Carolina
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1951	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR J. L. Brown & Son - Montgomery St	ADDRESS 108 W

VS 150

19510000456

13B

PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF TEXAS

County of _____ State of Texas

Know all men by these presents, that _____ of the County of _____ State of Texas, for and in consideration of the sum of _____ Dollars, to _____ of them in hand paid by _____ the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said _____ of the County of _____ State of Texas, all that certain _____

F. 620
51 0458

51 0458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MAZIE A. FRISCH		2. DATE OF DEATH JAN. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 128 N. JANNEY ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 26-44	
c. Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 128 N. JANNEY ST.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 12, 1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 43 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME WILLIAM A. BOSLEY		14. MOTHER'S MAIDEN NAME FANNIE E. HAINES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT JOSEPH FRISCH JR.		ADDRESS 128 N. JANNEY ST.	

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) recurrent carcinoma of cervical stump DUE TO carcinoma of cervix & pelvic metastasis DUE TO pelvic metastasis	CAUSE OF DEATH recurrent carcinoma of cervical stump carcinoma of cervix & pelvic metastasis	INTERVAL BETWEEN ONSET AND DEATH 6 yrs 1 yr ??
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Burton U. Lock		23B. ADDRESS 2936 E Balto St		23C. DATE SIGNED 1/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1/18/51		24C. NAME OF CEMETERY OR CREMATORY MT. CARMEL CENT. BALTO. MD.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Blarence F. Hoffmann ADDRESS 1639 Broadway			

JAN 16 1951

51000045

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2936 9000-14

R-152
51 0459BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hunter R. Robinson

2. DATE
OF
DEATH

Jan 15 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 214 S. Bruce St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

214 S. Bruce St

c. Length of stay in Baltimore

64

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 1 - 1886

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

House Painting

11. BIRTHPLACE (State or foreign country)

Baltimore Ind

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Robinson

14. MOTHER'S MAIDEN NAME

Sophia Doll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Robinson 214 S. Bruce St

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hydronephrosis with Chronic Pyelonephritis Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Prostatitis, Urinary tract infection, Years?
(Aerobacteria (Aerogenes))

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Severe Dental Caries - Arteriosclerosis Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1950, to Jan 15, 1951, that I last saw the
deceased alive on Jan 14, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

1/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-17-51

24C. NAME OF CEMETERY OR CREMATORY

Trinity E. L. Cem.

24D. LOCATION (City, town, or county)

Bald. Ind

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Geo. H. Berger Jr 1512 Holliston St

JAN 18 1951

56424 0450

Bald 23 Ind

137a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

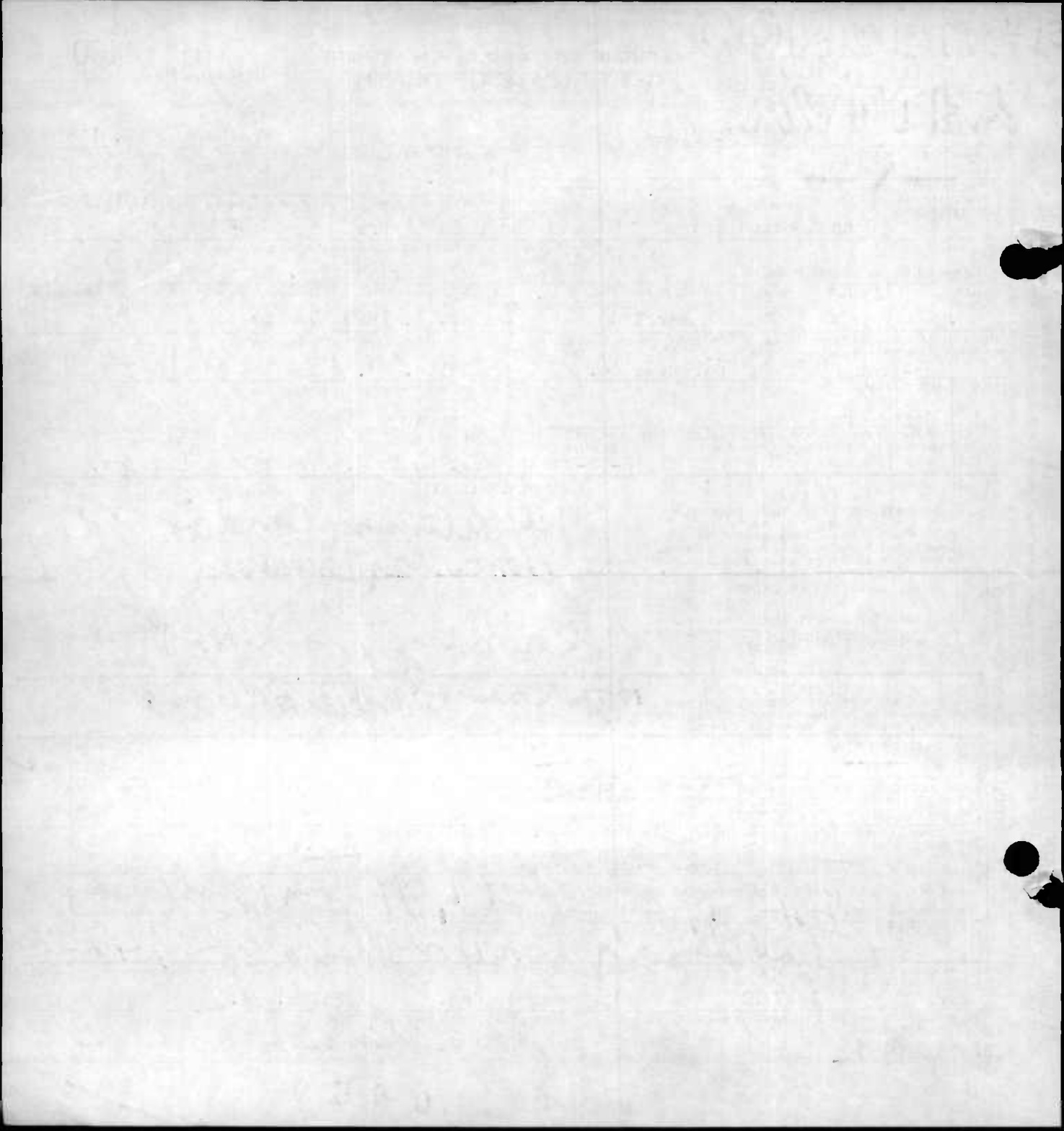
CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

1910

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Nature of disease		8. Duration of disease		9. Name of physician		10. Name of attending physician	
11. Name of informant		12. Signature of informant		13. Signature of physician		14. Signature of registrar		15. Signature of coroner	
16. Name of funeral home		17. Name of undertaker		18. Name of cemetery		19. Name of place of interment		20. Name of place of burial	
21. Name of place of residence		22. Name of place of birth		23. Name of place of education		24. Name of place of employment		25. Name of place of death	
26. Name of place of death		27. Name of place of death		28. Name of place of death		29. Name of place of death		30. Name of place of death	
31. Name of place of death		32. Name of place of death		33. Name of place of death		34. Name of place of death		35. Name of place of death	
36. Name of place of death		37. Name of place of death		38. Name of place of death		39. Name of place of death		40. Name of place of death	
41. Name of place of death		42. Name of place of death		43. Name of place of death		44. Name of place of death		45. Name of place of death	
46. Name of place of death		47. Name of place of death		48. Name of place of death		49. Name of place of death		50. Name of place of death	
51. Name of place of death		52. Name of place of death		53. Name of place of death		54. Name of place of death		55. Name of place of death	
56. Name of place of death		57. Name of place of death		58. Name of place of death		59. Name of place of death		60. Name of place of death	
61. Name of place of death		62. Name of place of death		63. Name of place of death		64. Name of place of death		65. Name of place of death	
66. Name of place of death		67. Name of place of death		68. Name of place of death		69. Name of place of death		70. Name of place of death	
71. Name of place of death		72. Name of place of death		73. Name of place of death		74. Name of place of death		75. Name of place of death	
76. Name of place of death		77. Name of place of death		78. Name of place of death		79. Name of place of death		80. Name of place of death	
81. Name of place of death		82. Name of place of death		83. Name of place of death		84. Name of place of death		85. Name of place of death	
86. Name of place of death		87. Name of place of death		88. Name of place of death		89. Name of place of death		90. Name of place of death	
91. Name of place of death		92. Name of place of death		93. Name of place of death		94. Name of place of death		95. Name of place of death	
96. Name of place of death		97. Name of place of death		98. Name of place of death		99. Name of place of death		100. Name of place of death	

93D



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly stated. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

5-536

51 0461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0461
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

SCHNEIDER

2. DATE OF DEATH
JAN. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

1620 Hazel St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Oct. 20, 1874

9. AGE (In years last birthday)
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Hranicka

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-10-8804

17. INFORMANT

ADDRESS

Frank Schneider

18. E974X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to strangulation by hanging

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1620 Hazel St.

21D. TIME (Month) (Day) (Year) (Hour)

Jan. 15, 1951 ? Pm.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? clothes rod in closet
Hanged self by bathrobe cord from

22. I certify that I took charge of the remains described above, held an Inspection & Intercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 16, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

JAN. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

OAK HILL

24D. LOCATION (City, town, or county)

BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FRANK CVACH + SON 900 N. CHESTER ST

JAN 16 1951

N991X 1 8 5 1 0 0 0 0 4 6 0

164a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0462

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAL DEAN CONAWAY

2. DATE
OF
DEATH

1-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3675 FAIRHAVEN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or
FAIRHAVEN AVE location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO. 25-05

D. STREET ADDRESS (If rural, give location)

3675 FAIRHAVEN AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

7-26-50

9. AGE (in years last birthday)

65 21

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CAL R.

14. MOTHER'S MAIDEN NAME

LAURA C. O'NEAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. 491X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) bronchopneumonia
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

2 x 1/2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) /
DUE TO
(C) /II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

aspiration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15-51, to 1-16-51, 1951, that I last saw the
deceased alive on 1-15-51, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Summers M. D.

23B. ADDRESS

1045 Belknap Ave

23C. DATE SIGNED

1-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-18-51

24C. NAME OF CEMETERY OR CREMATORY

Bradford

24D. LOCATION (City, town, or county)

HILTON, VA

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. G. Summers

25. FUNERAL DIRECTOR

ADDRESS

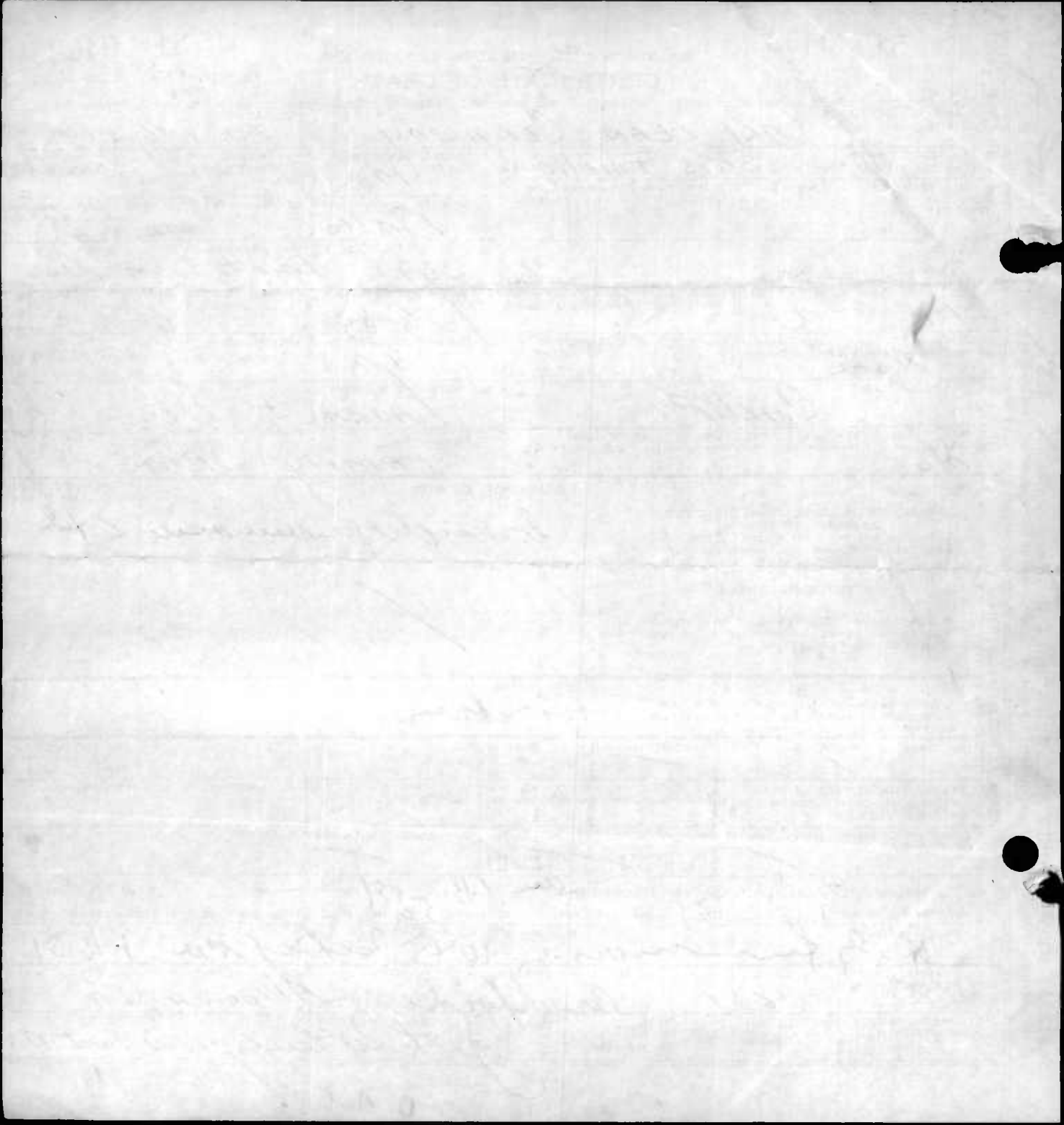
J. L. C. C. C. 1305 Fort A

VS 150

H. G. SUMMERS

10000461

107



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Ella Moskowitz*

2. DATE OF DEATH *Jan. 16, 1951*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Surg 1 Hal 1*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY *15-11*

5. FULL NAME OF HOSPITAL OR INSTITUTION *THE JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

7. STREET ADDRESS (If rural, give location) *3400 Dolfield Ave*

8. DATE OF BIRTH *9-10-'98*

9. AGE (In years last birthday) *52*

10. SEX *Female*

11. COLOR OR RACE *White*

12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Saleswoman*

14. KIND OF BUSINESS OR INDUSTRY *Dept. Store*

15. BIRTHPLACE (State or foreign country) *Russia*

16. CITIZEN OF WHAT COUNTRY? *USA.*

17. FATHER'S NAME *Paul Moskowitz*

18. MOTHER'S MAIDEN NAME *Esther Goldman*

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no*

20. SOCIAL SECURITY NO. _____

21. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Carcinoma of face with intra cranial metastases

22. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION *Jan 7, 1951*

24. MAJOR FINDINGS OF OPERATION *Carcinoma of face i metastases*

25. AUTOPSY? YES ☒ NO ☐

26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

29. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

31. HOW DID INJURY OCCUR? _____

32. I hereby certify that I attended the deceased from *1-4-*, 19*51*, to *1-16-*, 19*51*, that I last saw the deceased alive on *1-16-*, 19*51* and that death occurred at *12:15 Pm.*, from the causes and on the date stated above.

33. SIGNATURE *Robert L. Merrill* M. D.

34. ADDRESS *THE JOHNS HOPKINS HOSPITAL*

35. DATE SIGNED *1/16/51*

36. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

37. DATE *1/17/51*

38. NAME OF CEMETERY OR CREMATORY *Aiz Chaim Con. Wash Blvd.*

39. LOCATION (City, town, or county) (State) *Baltimore, Maryland*

40. DATE RECEIVED BY LOCAL REGISTRAR *JAN 17 1951*

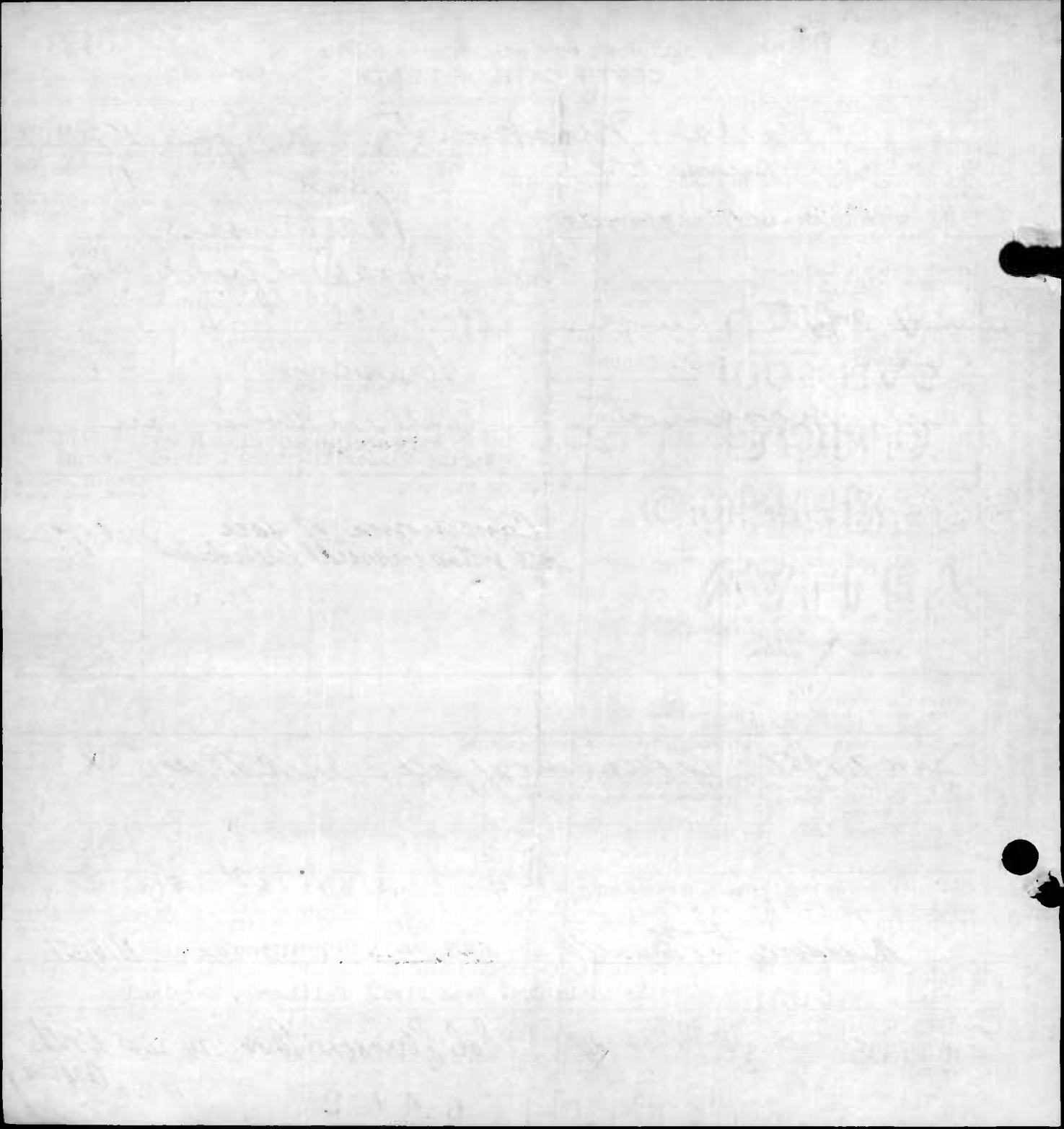
41. REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

42. FUNERAL DIRECTOR *Sol. Lerner*

43. ADDRESS *Box 1124-26 W. North Avenue*

VS 150

49065 0462 53



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0464
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KUNG WOO LEE

2. DATE
OF

DEATH January 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-01

D. STREET ADDRESS (If rural, give location)
118 W. Mulberry St. (Room 15)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

chinese

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

— ? —

8. DATE OF BIRTH

About 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

could not ascertain

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

could not ascertain

14. MOTHER'S MAIDEN NAME

could not ascertain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Lee Wah-327 Park Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asthmatic bronchitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley N. Dunbar

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Jan. 15, 1951

M.D. MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

Christington Williams, M.D.

Stewart Morris, M.D.

V S 151

51 0464

93

51 0465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 0465

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Vickery Duckett

2. DATE
OF
DEATH

Jan-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cholelithiasis

many
yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 11, 1951, to Jan 15, 1951, that I last saw the
deceased alive on 1/14, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

Stuart Williams, M.D.

Stewart Morris, Balto.

VS 150

10510000464

94a

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0466

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edna K Dailey

2. DATE
OF
DEATH

Jan 14, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

3547 South St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

25-04

D. STREET ADDRESS (If rural, give location)

3547 South St

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 1, 1904

9. AGE (in years last birthday)

46

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Factory Work

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Printing & Lithography

11. BIRTH PLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Phillip Frick

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Charlotte B Dailey 3547 South St

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

8 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio Vascular renal disease.

2.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ AT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1948, to Jan. 14, 1951, that I last saw the deceased alive on Jan. 14, 1951, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deilel

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

1/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

A. Howard Evans

ADDRESS

1400 S. Charles St.

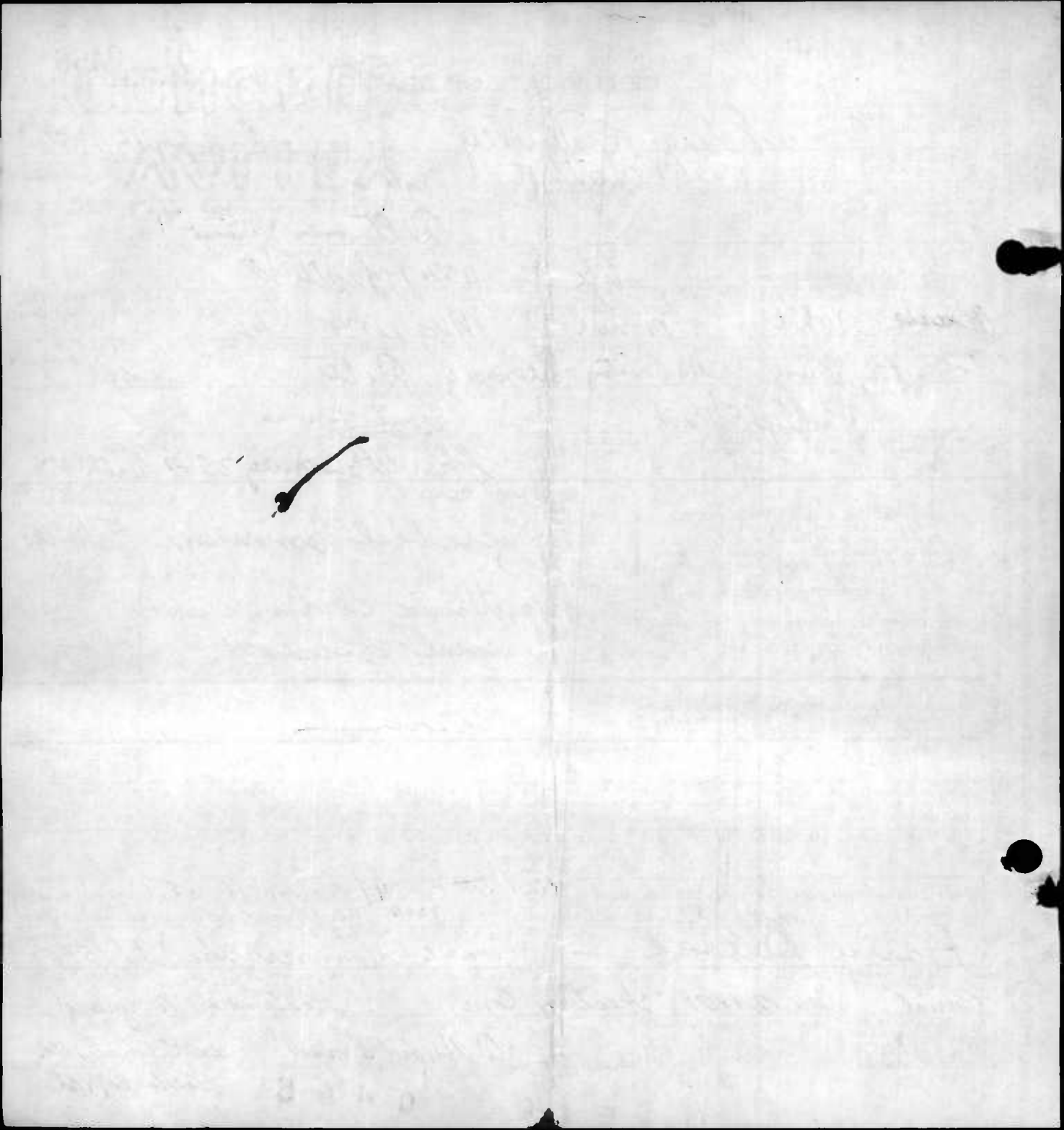
VS 150

69044

000465

Balto 30, Md.

131a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0467
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry G. Ricketts.

2. DATE
OF
DEATH

Jan 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-06

D. STREET ADDRESS (If rural, give location)

909 W.37th St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

If Under 1 Year
Months Days Hours Min.

Male

White

Married

July 2, 1864

86

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Retired moulder

Poole Engineering Maryland

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Belinda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lottie M. Ricketts 909 W.37th St

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho-pneumonia

DUE TO

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Senility

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to Jan. 15, 1951, that I last saw the deceased alive on Jan. 15, 1951, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert M. Hoffman

M. D.

846 W. 36th St.

1-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan 19/51

St. Mary's, Hampden

Roland Ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

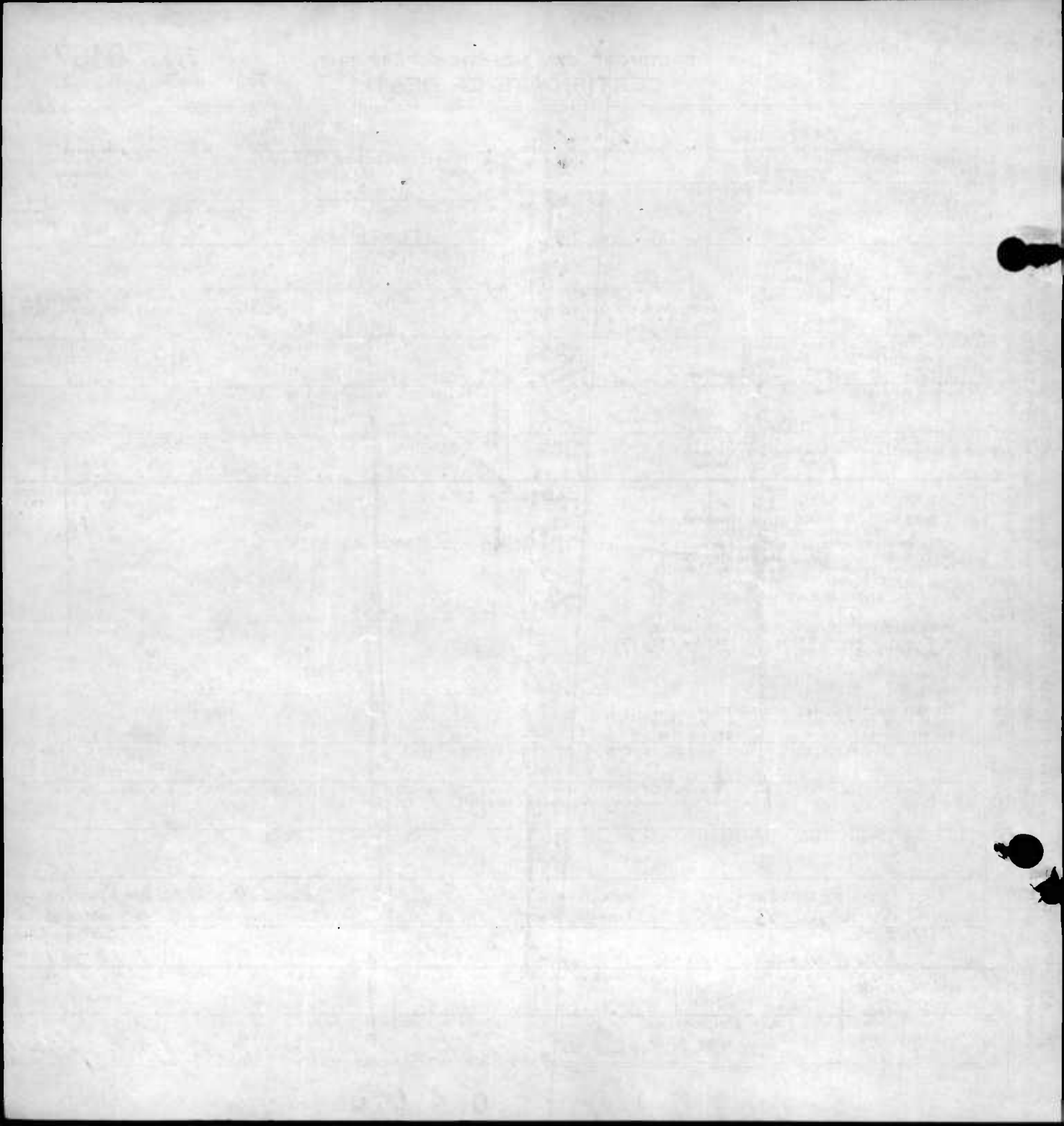
Huntington Williams, M.D.

Justin E. Donovan - 3818 Roland Ave

VS 150

19510000466

107



PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DENNSTAEDT

Registered No.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 290.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11 1951 to 1-15 1951, that I last saw the deceased alive on 1-15 1951, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

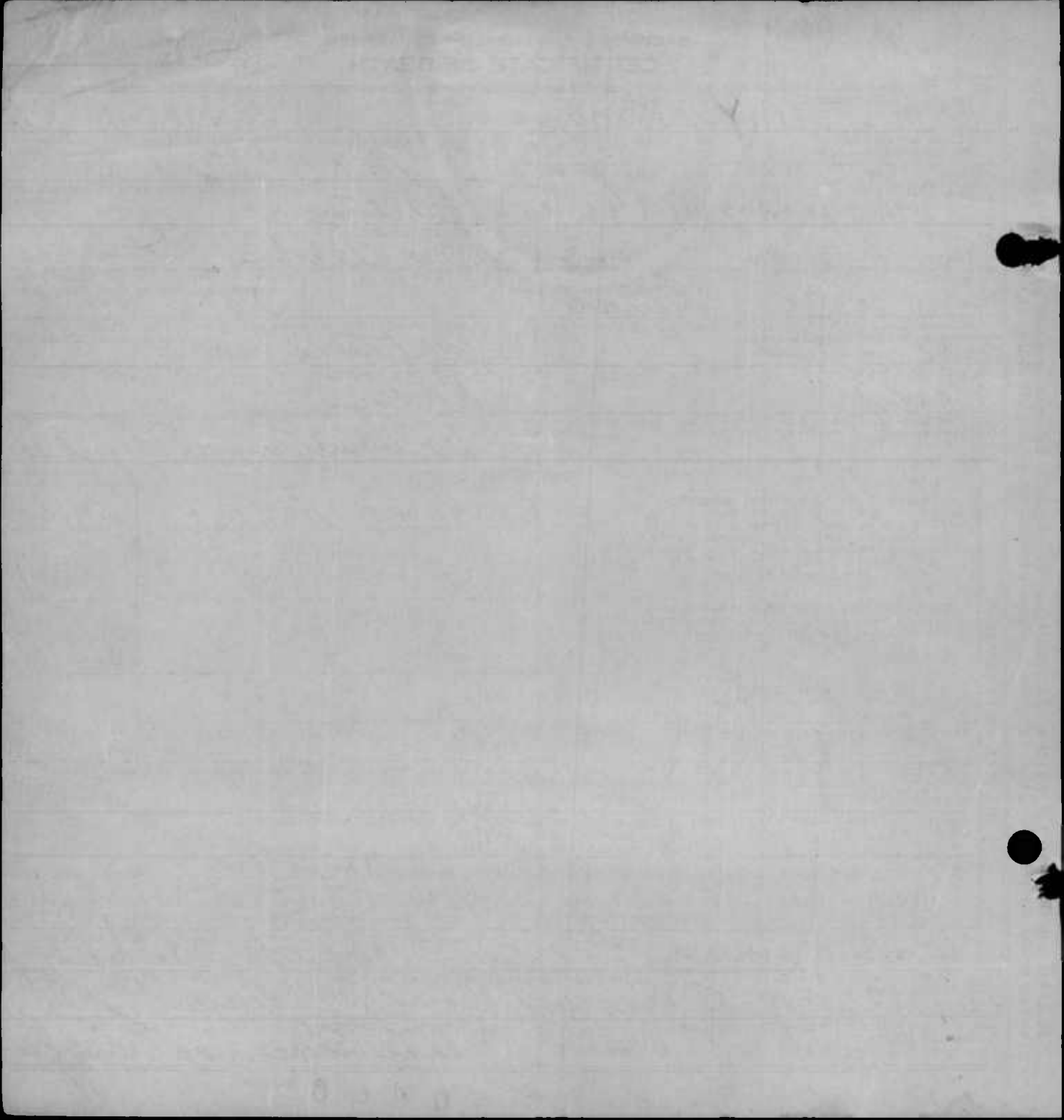
19510000467

132

See Document File 51-0468
2/1/1951 ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		Baltimore City Health Department		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Tillie Kanow</i>		2. DATE OF DEATH <i>Jan. 16, 1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>27-16</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital (DOR)</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>4500 Garden Drive</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>39</i>	9. AGE (In years last birthday) <i>39</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sales woman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
13. FATHER'S NAME <i>Philip</i>		14. MOTHER'S MAIDEN NAME <i>Rose</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Edw. Sandler - 4118 Oakford Ave</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Coronary Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Wm. H. Kammer, Jr.</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED <i>Jan. 16, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-18-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Serrano Run</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1951</i>	REGISTRAR'S SIGNATURE <i>William H. Kammer, Jr.</i>	25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>		ADDRESS <i>2100 Giltner Pl</i>	



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

553 51 0470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0470
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) AMELIA DIAMOND		2. DATE OF DEATH 1-16-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 12-09			
B. FULL NAME OF HOSPITAL OR INSTITUTION 200 East 21 St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 200 East 21 St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8/1		9. AGE (in years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Louis		14. MOTHER'S MAIDEN NAME Elizabeth		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Robert Diamond-3748 Doelfield Ave	
18. 420.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH	
(A) congestive heart failure				5 days	
DUE TO myocardial embolism				"	
(B) arterio sclerotic heart				yes	
DUE TO arterio sclerotic heart					
(C) arterio sclerotic heart					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-28-1956 to 1-16-1957 that I last saw the deceased alive on 1-16-1957 and that death occurred at 6:15 p.m. from the causes and on the date stated above.					
23A. SIGNATURE George H. Hoff		23B. ADDRESS 2020 4. Charles St		23C. DATE SIGNED 1/17/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Interment		24B. DATE 1-18-57		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR Jack Levine		24F. ADDRESS 2100 East 21 St	
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1957		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

De Hoff
202010 Charles
Be 0565

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE AMENDED 1/16/1952

ES

51 0471

BALTIMORE CITY HEALTH DEPARTMENT

51 0471

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise F. Gessert

2. DATE
OF DEATH

Jan. 15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

414 Rosecroft Terrace

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

March 4, 1921

9. AGE (In years last birthday)

29

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Arthur W. Gessert, 414 Rosecroft Ter.

18. 410X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Rheumatic Heart disease
DUE TO (no fever activity at decease)

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Rheumatic heart disease
Mitral valve disease - auricular fibrillation - claudication unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March, 1950, to January, 1951, that I last saw the deceased alive on October 6, 1950, and that death occurred at 10:00 AM., from the causes and on the date stated above.

23A. SIGNATURE

James J. Nolan

23B. ADDRESS

5804 Edmondson Ave Balto 28 Md

23C. DATE SIGNED

1/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 18/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Witz 4101 Edmondson Ave.

VS 150

19510000470

92B

1. Is the RH condition accompanied by
active RF at the time of death?

or
inactive; quiescent — a chronic condition?

no answer to query by 6-14-51
ES

See Document File 51-0471
1/16/1952 ES

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0472

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva G. Elphring

2. DATE
OF
DEATH

Jan. 15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 1309 W. Lombard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1309 W. Lombard St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 12, 1881

9. AGE (In years; last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francis A. Elphring

14. MOTHER'S MAIDEN NAME

Susan Ella----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Stanley Elphring, 1309 W. Lombard St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho pneumonia

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Hemorrhage

6 days

Hypertensive Cerebrovascular Disease

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 15, 1951, that I last saw the deceased alive on 1-15, 1951, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Carl R. Rozling

M. D.

1326 W. Lombard St.

1-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 18/51

24C. NAME OF CEMETERY OR CREMATORY

Western, Edmondson Ave. & Longwood St. Balto. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

Huntington Williams, M.D.

Harry H. White

4101 Edmondson Ave.

VS 150

937

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH

REPORT OF

THE STATE OF NEW YORK

DEPARTMENT OF HEALTH

FOR THE YEAR 1911

ALBANY, N. Y.

1912

PRINTED BY THE STATE OF NEW YORK

1912

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUDE Estelle Gempp

2. DATE
OF
DEATH

Jan 15, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1301 Longwood St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1301 Longwood St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Ma.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1301 Longwood St.

c. Length of stay in Baltimore

43 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Widow

DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 27, 1892

9. AGE (In years-

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Barr

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Virginia E. Gempp, 1301 N. Longwood St.

18.

174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Uterus with Generalized Metastases

3 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 1947

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Uterus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 to Jan 15, 1957, that I last saw the deceased alive on Jan 14, 1957, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Earl Pass

M. D.

23B. ADDRESS

4001 Wilkes Ave

23C. DATE SIGNED

1-15-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 18/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801

24D. LOCATION (City, town, or county)

Frederick Ave. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1957

REGISTRAR'S SIGNATURE

Hennington Williams, M.D.

25 FUNERAL DIRECTOR

Harry A. Witzke

ADDRESS

101 Edmondson Ave

VS 150

19510000472

48B

CTBO

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0474

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

VERNON JAMES PICKERING

2. DATE
OF
DEATH

1-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

320 E. 28th ST.

c. Length of stay in Baltimore

58

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

AUGUST 20 1892

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

guard

10B. KIND OF BUSINESS OR
INDUSTRY

Penitentiary

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

SAMUEL PICKERING

14. MOTHER'S MAIDEN NAME

CORA GIFFORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

212-22-6917

17. INFORMANT

ADDRESS

Mildred Pickering 320 E. 28th St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART Dis.
DUE TO ACUTE PULMONARY EDEMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 14, 1951, to Jan. 16, 1951, that I last saw the deceased alive on Jan. 16, 1951, and that death occurred at 1:48 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Brock

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

1-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/19/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Barto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 17 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				51 0475		Registered No.	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) HOWARD W. SIMPSON				2. DATE OF DEATH JANUARY 15, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-02			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1808 N. Gay St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1888		9. AGE (In years last birthday) 62		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John T. Simpson				14. MOTHER'S MAIDEN NAME Florence E. Wooden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS F. C. Hall, 323 Murdock Road			
18. 322.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute and chronic alcoholism DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK					
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William Book				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.		23C. DATE SIGNED January 16, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1/17/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William Book		25. FUNERAL DIRECTOR Wm. Book, Inc.		ADDRESS 1217 St. Paul Street	

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of school		22. Signature of employer		23. Signature of neighbors		24. Signature of community	
25. Signature of church		26. Signature of cemetery		27. Signature of funeral home		28. Signature of undertaker	
29. Signature of family		30. Signature of friends		31. Signature of neighbors		32. Signature of community	
33. Signature of school		34. Signature of employer		35. Signature of neighbors		36. Signature of community	
37. Signature of church		38. Signature of cemetery		39. Signature of funeral home		40. Signature of undertaker	
41. Signature of family		42. Signature of friends		43. Signature of neighbors		44. Signature of community	
45. Signature of school		46. Signature of employer		47. Signature of neighbors		48. Signature of community	
49. Signature of church		50. Signature of cemetery		51. Signature of funeral home		52. Signature of undertaker	
53. Signature of family		54. Signature of friends		55. Signature of neighbors		56. Signature of community	
57. Signature of school		58. Signature of employer		59. Signature of neighbors		60. Signature of community	
61. Signature of church		62. Signature of cemetery		63. Signature of funeral home		64. Signature of undertaker	
65. Signature of family		66. Signature of friends		67. Signature of neighbors		68. Signature of community	
69. Signature of school		70. Signature of employer		71. Signature of neighbors		72. Signature of community	
73. Signature of church		74. Signature of cemetery		75. Signature of funeral home		76. Signature of undertaker	
77. Signature of family		78. Signature of friends		79. Signature of neighbors		80. Signature of community	
81. Signature of school		82. Signature of employer		83. Signature of neighbors		84. Signature of community	
85. Signature of church		86. Signature of cemetery		87. Signature of funeral home		88. Signature of undertaker	
89. Signature of family		90. Signature of friends		91. Signature of neighbors		92. Signature of community	
93. Signature of school		94. Signature of employer		95. Signature of neighbors		96. Signature of community	
97. Signature of church		98. Signature of cemetery		99. Signature of funeral home		100. Signature of undertaker	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 0476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0476
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gordal H. Freeman
GORDEN HICKMAN FREEMAN

2. DATE
OF
DEATH

1/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3604 Kimble Road #18

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10/18/16

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

mail carrier

10B. KIND OF BUSINESS OR
INDUSTRY

U. S. Govt.

11. BIRTHPLACE (State or foreign country)

Maryland

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Deward Freeman

14. MOTHER'S MAIDEN NAME

Nellie G. Hickman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World II

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Betty Freeman

as above

18. *200.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac Effusion

INTERVAL BETWEEN
ONSET AND DEATH

Terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Reticulum cell sarcoma

unknown

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cachexia

anemia

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *10-20*, 19*50* to *1/16*, 19*51*, that I last saw the
deceased alive on *1/16*, 19*51*, and that death occurred at *12:35* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Cardley

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

1/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/19/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tiekner & Sons Inc. Balto. Md.

VS 150

335090 0 0 475

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0477

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES B. SCHARP SR.

2. DATE
OF
DEATH

Jan. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5216 Ready Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hat Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Hat Mfg.

13. FATHER'S NAME

Charles B. Scharp Sr.

(MILLINERY)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
212-05-8654

17. INFORMANT

ADDRESS

Mr. Charles B. Scharp Jr. 5216 Ready Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) *Coronary C. V. Disease.*

Oct 1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Acute Coronary Thrombosis*

Oct 1945

(C) *Acute Coronary Occlusion*

Jan 3 1951

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 15, 1945* to *Jan 16, 1951*, that I last saw the
deceased alive on *Jan 15, 1951* and that death occurred at *6:44* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. Schumann

M. D.

542 P. East Ave.

1-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/19/51

Moreland Mem. Pk.

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

Huntington Williams, M.D.

Wm. J. Tickner, Sons Inc. Balto Md

690 49 0000470

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

GAIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0478
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *John J. Weiss*

2. DATE
OF
DEATH *Jan-15-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2225 E. Oliver St*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Md*

B. COUNTY *8-04*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2225 E. Oliver St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX *Male*

6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

8. DATE OF BIRTH *Nov-22-1893*

9. AGE (in years last birthday) *57*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Houseman*

10B. KIND OF BUSINESS OR INDUSTRY *Self-Employed*

11. BIRTHPLACE (State or foreign country) *Baltimore Md.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *John J. Weiss*

14. MOTHER'S MAIDEN NAME *Schrent*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *212-02-2509*

17. INFORMANT *Wesley M. Markoff*

ADDRESS *2225 E. Oliver*

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterial Hypertension & General Arteriosclerosis*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

20 days

8 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *August 24*, 19*42* to *January 15*, 19*51*, that I last saw the deceased alive on *January 15*, 19*51*. and that death occurred at *10:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Albert Eisenberg*

23B. ADDRESS *2025 East North Ave*

23C. DATE SIGNED *Jan 16, 1951*

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *1-19-51*

24C. NAME OF CEMETERY OR CREMATORY *St. John's Cemetery*

24D. LOCATION (City, town, county) (State)

(State)

DATE RECEIVED BY LOCAL REGISTRAR *JAN 17 1951*

REGISTRAR'S SIGNATURE *Wilmington Williams*

25. FUNERAL DIRECTOR *John D. Mulholland*

ADDRESS *2435 E. Oliver*

VS 150

1957 FEB 6 0478

83a

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page.]

[Faint handwritten text at the bottom of the page, including what appears to be a signature and date.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 0479		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 0479 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BEN B. WARREN			2. DATE OF DEATH JAN 17 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Tha 2.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ohio B. COUNTY V-32		
B. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellington		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 519 HERRICK AVE.		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-28-05	9. AGE (In years last birthday) 45	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing business		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio	
13. FATHER'S NAME Albert Warren		14. MOTHER'S MAIDEN NAME Hannah Chapin		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL	
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) haemecis cinchosis with DUE TO ANTECEDENT CAUSES esophageal varices and ascites. DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ascites. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH haemecis cinchosis with 10+ yrs.		
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-2 , 19 51 , to 1-17 , 19 51 , that I last saw the deceased alive on 1-17 , 19 51 , and that death occurred at 5 A m. , from the causes and on the date stated above.					
23A. SIGNATURE Maryaris F. Sillicott		23B. ADDRESS THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED Jan 17 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Jan 17-51		24C. NAME OF CEMETERY OR CREMATORY Andrew Funeral Home	
24D. LOCATION (City, town, or county) Wellington Ohio		24E. FUNERAL DIRECTOR Hubbard Funeral Home		24F. ADDRESS 2503 Edmundson Ave	
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-452

51 0480

51 0480

MD-16227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stella Williams

2. DATE
OF
DEATH

Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 14, 1878?

9. AGE (In years last birthday)

72?

If Under 1 Year

Months

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Simpson

14. MOTHER'S MAIDEN NAME

Julia Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

491X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

2 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-5, 1930 to 1-15, 1951, that I last saw the deceased alive on 1-15, 1951, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

P.S. Rozen M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Jan 18/50 Mt Auburn Balto Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

Huntington Williams

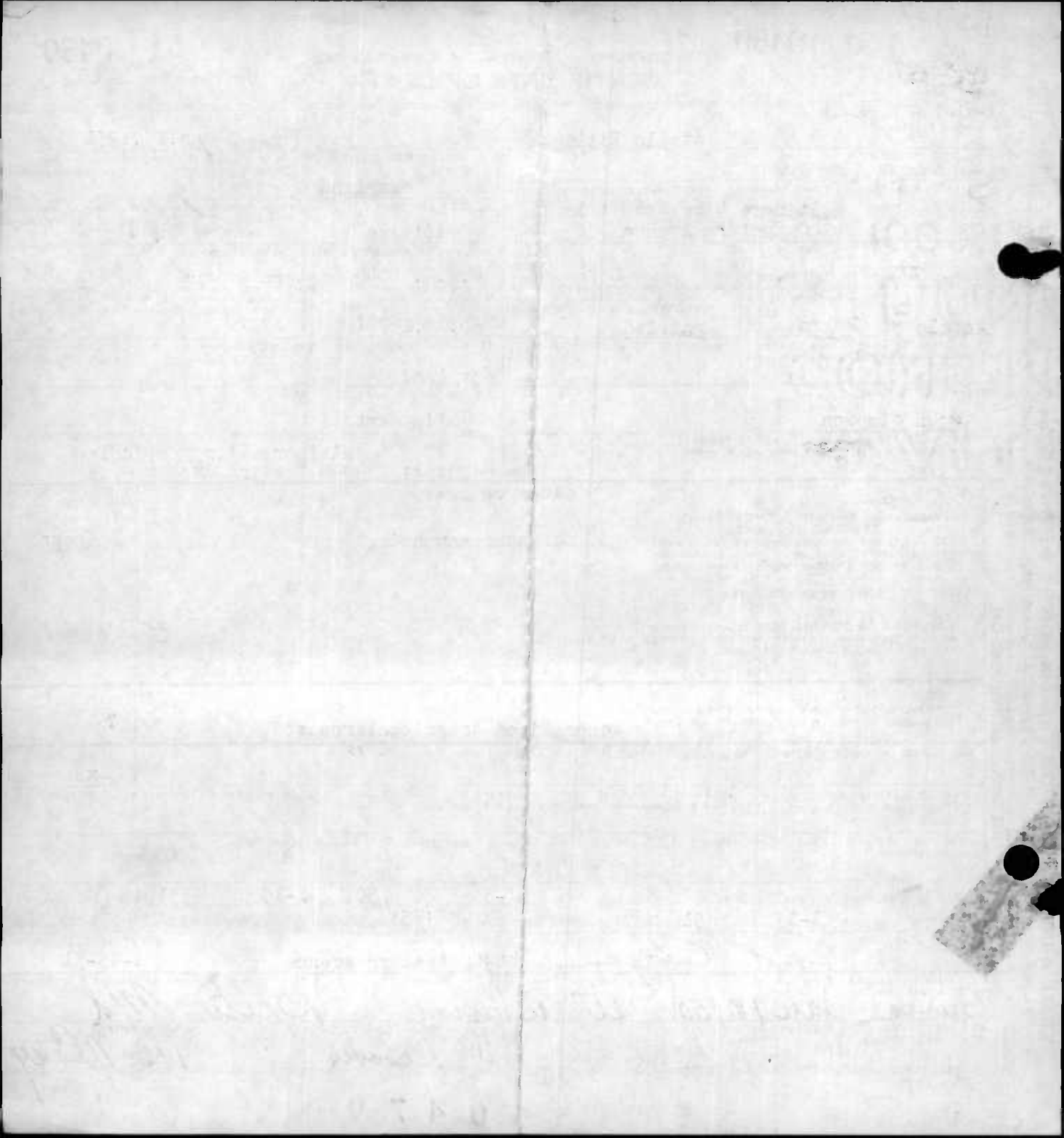
Brooks

1463 N. Carey

VS 150

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

31551 0481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0481

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elha STEPHENS

2. DATE
OF
DEATH

JAN 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Osh. 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

902 N. CENTRAL AVE.

C. Length of stay in Baltimore

50 yrs

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7-7-74

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Indies

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Ellis

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary tuberculosis ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 12-21-1950 to 1-14-1951, that I last saw the
deceased alive on 1-14-1951, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Walter C. McFusick

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

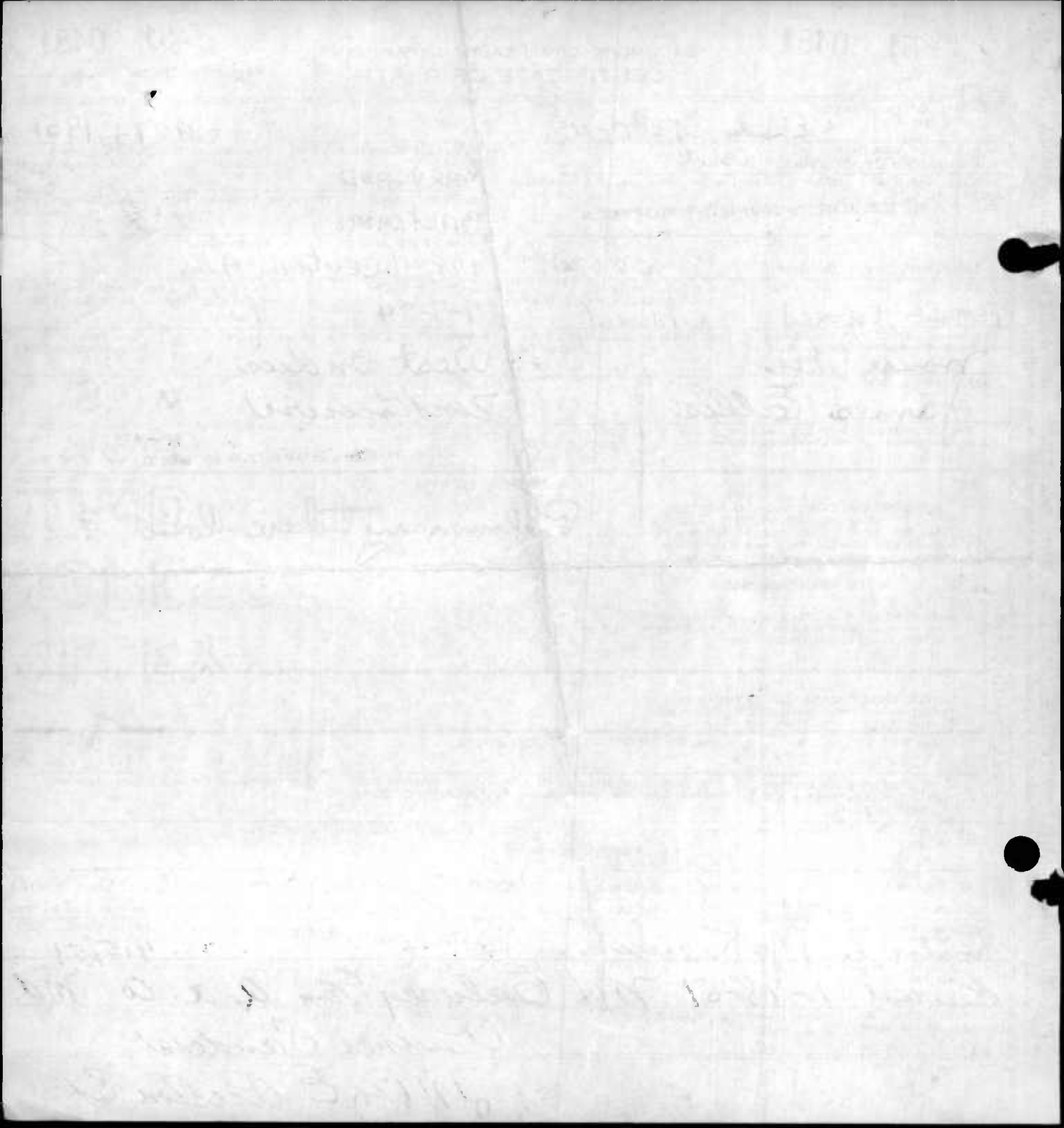
JAN 17 1951

VS 150

Rayner Sanders 13 B

1951 0200

1412 E Preston St



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

N-326

51 0482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0482
Registered No.

BIRTH NO.			DATE OF DEATH		
1. NAME OF DECEASED (Type or Print) <i>Ernest Charles Whittaker (Whittaker)</i>			<i>1-12-57</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp</i>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore 14-03</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1627 McCulloh St</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>c</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>7-20-91</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>general</i>		11. BIRTHPLACE (State or foreign country) <i>Carroll Co, Md Georgia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Louis Whittaker</i>		
14. MOTHER'S MAIDEN NAME <i>Martha Dorsey</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Wife - Charlotte W. Same</i>		

18. <i>260X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Diabetic Coma</i> CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-12-57</i> , to <i>1-12-57</i> , that I last saw the deceased alive on <i>1-12-57</i> , and that death occurred at <i>1035 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas J. Mohr</i>		23B. ADDRESS <i>1514 Division St</i>		23C. DATE SIGNED <i>1-15-57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-17-57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Johnsville Carroll Co.</i>	
24D. LOCATION (City, town, or county) (State) <i>Md</i>		25. FUNERAL DIRECTOR <i>Rayner Sanders</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1957</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Md</i>			

97099 1412 E Preston St 61

(1952)

1577. 2. 2. 18. 1. 2.

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

F-340		51 0483		BALTIMORE CITY HEALTH DEPARTMENT		51 0483	
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>William G. Faidley</i>				2. DATE OF DEATH <i>1-15-1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>317 E 23rd St</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-04</i>			
c. Length of stay in Baltimore <i>50 yrs</i>				D. STREET ADDRESS (If rural, give location) <i>317 E. 23rd St</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Col</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>8/15/1875</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Iron</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		9. AGE (In years last birthday) <i>75</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Unknown</i>				12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>—</i>				16. SOCIAL SECURITY NO. <i>Unknown</i>			
17. INFORMANT <i>Marie Powers</i>				ADDRESS <i>317 E. 23rd St</i>			
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO ANTECEDENT CAUSES (B) <i>7 days.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>—</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7 days.</i>			
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 8, 1951</i> , to <i>Jan 15, 1951</i> , that I last saw the deceased alive on <i>Jan 15, 1951</i> , and that death occurred at <i>6</i> m., from the causes and on the date stated above.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23A. SIGNATURE <i>Louis O. Johnson</i>				23B. ADDRESS <i>2829 G Street N.W.</i>		23C. DATE SIGNED <i>Jan 16-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>1-17-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Keyserville</i>		24D. LOCATION (City, town, or county) (State) <i>Keyserville Va</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Payner Sanders</i>		ADDRESS <i>1412 E. Preston St #2a</i>	

1988

DEPARTMENT OF THE ARMY

DA FORM 100-10

OFFICIALS' REPORT

1
2
3
4
5

1. NAME (Last, First, Middle Initial)
2. GRADE
3. BRANCH

4. DUTY STATION
5. DATE OF REPORT

6. TITLE OF ASSIGNMENT
7. DUTY PERIOD

8. DUTY DESCRIPTION
9. DUTY EVALUATION

10. DUTY EVALUATION
11. DUTY EVALUATION

12. DUTY EVALUATION
13. DUTY EVALUATION

14. DUTY EVALUATION
15. DUTY EVALUATION

16. DUTY EVALUATION
17. DUTY EVALUATION

18. DUTY EVALUATION
19. DUTY EVALUATION

20. DUTY EVALUATION
21. DUTY EVALUATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

220

51 0484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0484

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rick A Moses.

2. DATE
OF
DEATH

1/17/1951

3. PLACE OF DEATH

A. Baltimore City, Maryland

2304 Whittier Ave 17

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Me.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write full name of town and give township)

D. STREET ADDRESS (If rural, give location)

2304 Whittier Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Don't know.

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Ticker Sewer

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Baruch Moses

14. MOTHER'S MAIDEN NAME

Regina Haas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Bertha Schwarz

ADDRESS
2304 Whittier Ave

18.

174X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

*Coronary artery
Myocardial insufficiency &
hypertension*

INTERVAL BETWEEN
ONSET AND DEATH

6 mos.

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan. 3, 1951*, to *Jan. 17, 1951*, that I last saw the
deceased alive on *Jan. 16, 1951*, and that death occurred at *8:15 AM.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. L. Gray

23B. ADDRESS

2322 Easton Place

23C. DATE SIGNED

1/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/19/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county)

Baltimore Connelley Sts

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

William Williams, M.D.

J. Ahrens Co 2432 Reister Rd 17

19510000483

48B

1941

STATE OF TEXAS
DEPARTMENT OF HEALTH

DEATH CERTIFICATE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and to the point.

B-653

51 0485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0485

ND-144844

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick L. Berinds Sr. (Berends)

2. DATE
OF
DEATH

Jan. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

335 Newkirk St. 24

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 21, 1875

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

CARPENTER

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY BERENDS (D)

14. MOTHER'S MAIDEN NAME

ALBERDINE ROPKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

218-05-6470

17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of Liver

Over 1 Yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cholelithiasis

Over 1 Yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-6, 19 51 to 1-16, 19 51 that I last saw the deceased alive on 1-16, 19 51 and that death occurred at 10:35 am., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Rogers M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-19-51

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL CEM.

24D. LOCATION (City, town, or county) (State)

5720 O'DONNELL ST.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1951

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Richard S. Zeller 901 S Conkey

ADDRESS

VS 150

19510100484

126 St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JAN (JOHN) KUCHTA			2. DATE OF DEATH JAN. 16, 1951 OF 11:15 AM			
3. PLACE OF DEATH: A. Baltimore City, Maryland 2825 O'DONNELL ST.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY 1-01						
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.						
c. Length of stay in Baltimore 59 yrs.			D. STREET ADDRESS (If rural, give location) 2825 O'DONNELL ST.						
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 25, 1868		9. AGE (In years last birthday) 82		If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10B. KIND OF BUSINESS OR INDUSTRY LABOR			11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME KUCHTA			14. MOTHER'S MAIDEN NAME MARYANNA KEGOL						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.			17. INFORMANT EVA KUCHTA			ADDRESS

MEDICAL CERTIFICATION	18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		(A) MYOCARDITIS DUE TO ARTERIOSCLEROSIS, GENERALIZED	5 yrs.	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) CERTIFICATION APPROVED BY <i>R. P. Fisher</i> CHIEF OR ASST. MEDICAL EXAMINER	5-10 yrs.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) FRACTURE RT. HIP	1 yr.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Back Yard of Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2825 O'Donnell St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 20, 1950 7 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to ground in yard	
22. I hereby certify that I attended the deceased from Nov. 20, 1950 to JAN. 16, 1951 , that I last saw the deceased alive on JAN. 16, 1951 , and that death occurred at 11:15 AM , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benjamin Higginson</i>		M. D.		23B. ADDRESS 121 S. HILHARD AVE.	
23C. DATE SIGNED 1/16/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 1/19/51	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaw		24D. LOCATION (City, town, or county) (State) Dundalk Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR Stephen J. Trilowski, Inc. 1000 S. Kenwood Ave.	

Certificate approved but no doctor in office at present time to sign it.

Emm

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652
51 0487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0487

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JOHN JOSEPH HERRING SR.			2. DATE OF DEATH JAN. 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. CITY MD.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1528 HOLBROOK ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE					
c. Length of stay in Baltimore LIFETIME			D. STREET ADDRESS (If rural, give location) 1528 HOLBROOK ST.					
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 19, 1886		9. AGE (In years last birthday) 64	10. Under 1 Year Months: _____ Days: _____		11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK FOREMAN			10B. KIND OF BUSINESS OR INDUSTRY P.A. R.R.			11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOSEPH HERRING			14. MOTHER'S MAIDEN NAME JULIANA HORNICK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or nokooowoo) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 717-07-6392			17. INFORMANT ADDRESS FAMILY 1528 HOLBROOK ST.		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hemiplegia - rt. side - Hemorrhage DUE TO Hy pertensive - (B) Cardio-vascular - Renal Disease DUE TO arterio-sclerosis (C) _____			INTERVAL BETWEEN ONSET AND DEATH Jan 13/51					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION —			19B. MAJOR FINDINGS OF OPERATION —			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Jan 13, 1951 , to Jan 16, 1951 , that I last saw the deceased alive on Jan 15, 1951 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.								
23A. SIGNATURE Lui G. J. J. J. J.			23B. ADDRESS 722 No. Kenwood Ave			23C. DATE SIGNED 1/17/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1-20-1951		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER BELA. R.R. BALTO. MD.		24D. LOCATION (City, town, or county) (State) BALTO. MD.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.		25. FUNERAL DIRECTOR J. Walter Conklin		ADDRESS 2343 Hazled Rd.		

Handwritten: 722 N. Townsend Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-452
51-0488
REA-136362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0488

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Frederick Blankey

2. DATE
OF
DEATH

Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2418 Foster Avenue

c. Length of stay in Baltimore

35 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 21, 1895

9. AGE (In years last birthday)

55

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Blankey

14. MOTHER'S MAIDEN NAME

Theresa Vozianiak (Vozianiah)

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

1 month x

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic cor pulmonale secondary to
pulmonary fibrosis & pulmonary
tuberculosis
(C) Constrictive Pericarditis

Years

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-6 1950 to 1-15 1951, that I last saw the deceased alive on 1-15 1951 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4940 Eastern Avenue

1-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1951

William Williams

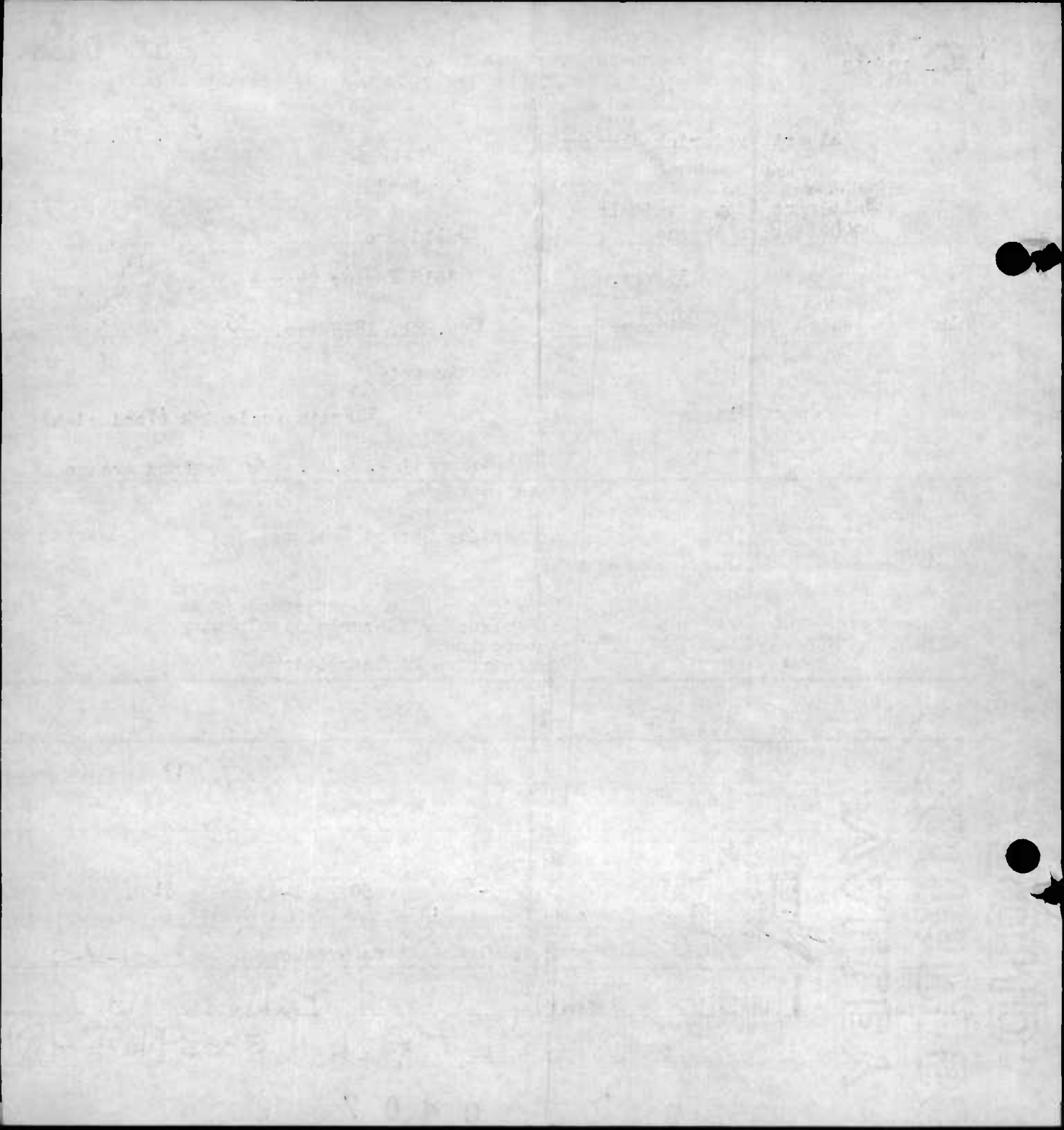
L. J. Ruck

5305 Harford Rd

VS 150

5-9-124 0487

13B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0489
Registered No.

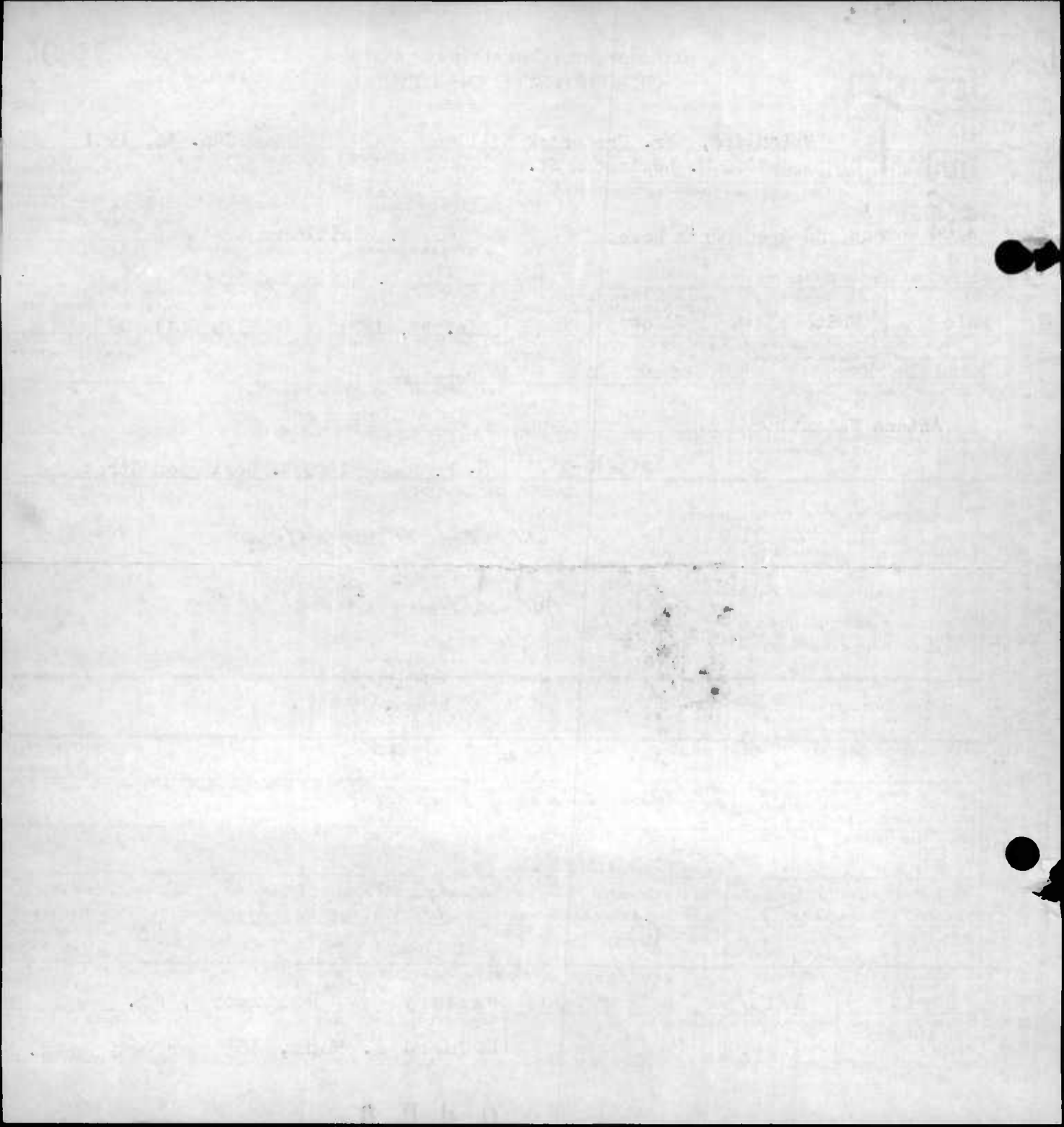
51 0489
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Valentine, Mr. Frederick William		2. DATE OF DEATH Jan. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 W. Lexington St. B. FULL NAME OF HOSPITAL OR INSTITUTION Aged Womens and Aged Men's Homes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1400 W. Lexington Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 25, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meal Packer		10B. KIND OF BUSINESS OR INDUSTRY Esskay Co	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME Anton Valentine		14. MOTHER'S MAIDEN NAME ? RUEHLING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-10-3471	
17. INFORMANT L. H. Read		ADDRESS 1400 W. Lexington Street	

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from January, 1948 , to January 16, 1951 , that I last saw the deceased alive on JAN 13, 1951 , and that death occurred at 7.00 A. M. , from the causes and on the date stated above.				
23A. SIGNATURE Newland Edward Day		23B. ADDRESS 4-E-33rd St -18		23C. DATE SIGNED January 17, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/18/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE Frederick William Valentine		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.



PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

520

51 0490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0490

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) NAOMIA KING		2. DATE OF DEATH 1-16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Balto. Md.		C. CITY OR TOWN Baltimore (If rural, give location and give township)			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2116 PENROSE AVE.			
5. SEX FEMALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-4-1900	9. AGE (In years last birthday) 50	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MASEO REED		14. MOTHER'S MAIDEN NAME SARAH JACKSON		17. INFORMANT Bessie Stephens Mount St. ADDRESS 810	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 219-18-4752		17. ADDRESS 810	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia and Pneumonia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST. Chronic nephritis		(B) Hypertensive c. v. d.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus		(C)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE J. F. Hawkins Jr.		23B. ADDRESS Franklin Square Balto.		23C. DATE SIGNED 1/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1/17/51		24C. NAME OF CEMETERY OR CREMATORY Family Lot	
24D. LOCATION (City, town, or county) (State) Norfolk. Va.		25. FUNERAL DIRECTOR Holland Funeral Home		ADDRESS 1636 Amid Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

VS 150

51030041836 Amid Hill Ave. 61

REPORT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of mortician		17. Signature of embalmer		18. Signature of transporter	
19. Signature of interment		20. Signature of burial		21. Signature of cremation	
22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
67. Signature of other		68. Signature of other		69. Signature of other	
70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information must be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 400
51 0451 JL 145013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0491

Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Mary Noel		2. DATE OF DEATH Jan. 15, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore 46 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1554 Argyle Ave. -17
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Virginia
10B. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Noel		14. MOTHER'S MAIDEN NAME Rebecca
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS

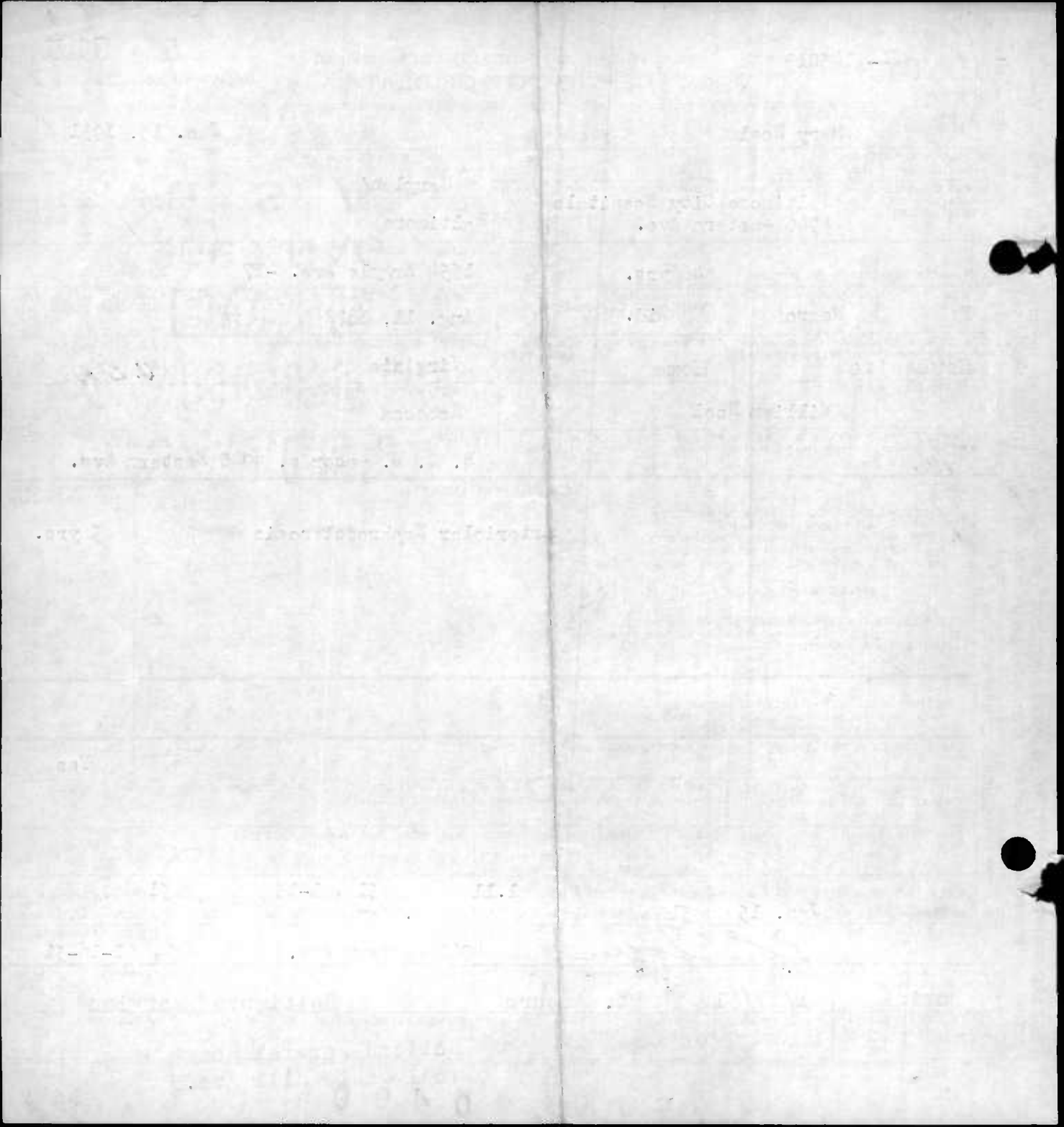
MEDICAL CERTIFICATION	18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriolar Nephrosclerosis (A) DUE TO 5 yrs. INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1.11 , 1951 to 1-15 , 1951 that I last saw the deceased alive on Jan. 15 , 1951 and that death occurred at 9.35am from the causes and on the date stated above.				
23A. SIGNATURE J. S. Crogen M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 1-16-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/17/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home 1631 Druid Hill Ave.

VS 150

1951 01 15 00 04 90

131a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 0492

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes F. Masterman

2. DATE OF DEATH

JANUARY 15 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Pinecrest Sanatorium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

341 ROSEBANK AVE

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1873

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PETER GILL

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. M. MASTERMAN - 311 CATHEDRAL ST.

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) *CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION*

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis in Heart Disease*

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Generalized Arteriosclerosis Senility*

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 12, 1948*, to *JAN 15, 1951*, that I last saw the deceased alive on *JAN 14, 1951*, and that death occurred at *2:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

William W. Bradley

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

1/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-17-51

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

CITY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1951

REGISTRAR'S SIGNATURE

William W. Bradley

25. FUNERAL DIRECTOR

ADDRESS

Wiedefeld & Son

VS 150

19510000491 937

0193

BATHING & HEALTH DEPARTMENT

CERTIFICATE OF DEATH

DATE OF DEATH

NAME OF DECEASED
AGE
SEX

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

NAME OF MINISTER

NAME OF CHURCH

NAME OF MINISTER

NAME OF CHURCH

NAME OF MINISTER

NAME OF CHURCH

NAME OF MINISTER

NAME OF CHURCH

NAME OF MINISTER

NAME OF CHURCH

NAME OF MINISTER

NAME OF CHURCH

1910

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be written fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0493
Registered No. 51 0493

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA ISABEL (ANNABEL) WALTRUP

2. DATE OF DEATH 1/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

520 East 20th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Maryland
Baltimore

D. STREET ADDRESS (If rural, give location)

520 East 20th Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1883

9. AGE (in years last birthday)

68

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francis Hilberg

14. MOTHER'S MAIDEN NAME

Mary Beatty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. R.W. Waltrup - 520 E. 20th St.

18. 442X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Pneumonia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Dec 18, 50

4 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 15, 1950, to Jan 15, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

George S. Lippert

23B. ADDRESS

M. D.

4761 Patterson Park Ave.

23C. DATE SIGNED

1/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/18/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wiedefeld & Son

GREENMOUNT AVE & 22ND

JAN 17 1951

VS 150

9510000492

131a

1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0494

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gilbert Brown</i>		2. DATE OF DEATH <i>January 16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1714 Mosher St</i>		C. CITY OR TOWN (If outside corporate limits, write BUREAU and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1714 Mosher St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 6, 1904</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Janitor Morgan State College</i>		9. AGE (In years, last birthday) <i>46</i>	
11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>		12. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Amanda Brown 1714 Mosher St</i>		ADDRESS	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 6, 1950</i> to <i>Jan 16, 1951</i> , that I last saw the deceased alive on <i>Jan 16, 1951</i> , and that death occurred at <i>9 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ralph W. Roelling M.D.</i>		23B. ADDRESS <i>420 N. Calvary Ave.</i>		23C. DATE SIGNED <i>1/17/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Jan 19/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>A. Q. County Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Md.</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 17 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	
FUNERAL DIRECTOR <i>Mr. Robt. A. Elliott</i>		ADDRESS <i>Daughter</i>			

VS 150

5 7898V/O 49311290 Caroline St. 9002

STATE OF NEW YORK
CERTIFICATE OF DEATH

IN SENATE
JANUARY 1, 1900

REPORT OF THE
COMMISSIONER OF HEALTH

FOR THE YEAR
1899

ALBANY:
J. B. LIPPINCOTT & CO.

1900

PRINTED BY
J. B. LIPPINCOTT & CO.

ALBANY, N. Y.

1900

STATE OF NEW YORK
COMMISSIONER OF HEALTH

REPORT OF THE
COMMISSIONER OF HEALTH

FOR THE YEAR
1899

ALBANY:
J. B. LIPPINCOTT & CO.

1900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0495

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine C. Lochboehler

2. DATE
OF
DEATH Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

10 Hood Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2005 W. Baltimore St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 11, 1873

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Dorsey

14. MOTHER'S MAIDEN NAME

Catherine Lillis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

Catherine Brown 2005 W. Baltimore St.

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Renal and Cerebral Sclerosis

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 15, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

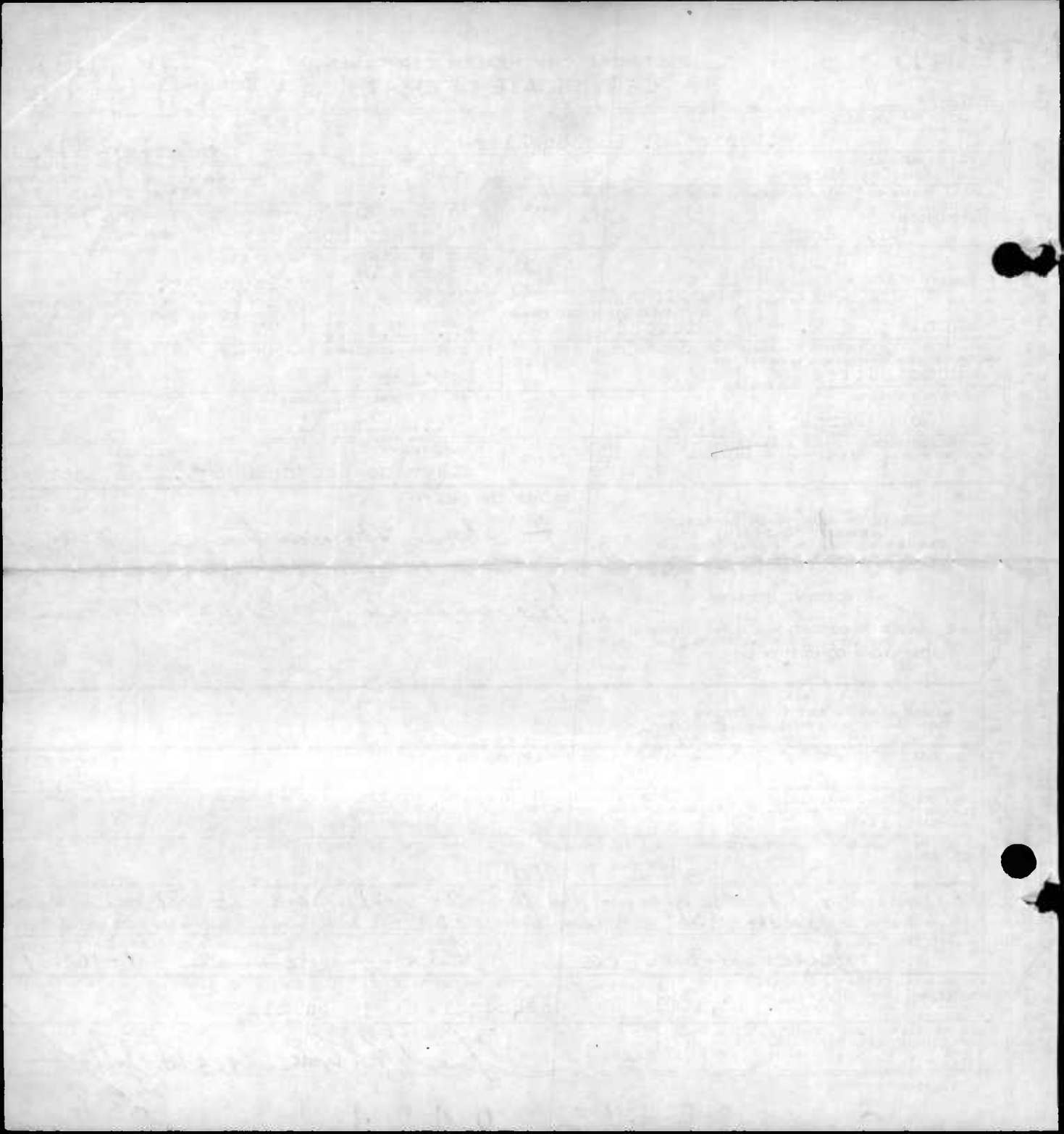
25. FUNERAL DIRECTOR

ADDRESS

VS 150

19510200424

83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garfield Margraf

2. DATE
OF
DEATH

1/17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Md.

B. COUNTY

19-03

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1325 Hollins St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1325 Hollins St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/26/1880

9. AGE (In years, last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

B+O R R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Margraf

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Margaret K. Margraf Hollins

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia, Orduna

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension Cordis Vascular

II

(C)

Atherosclerosis
Senility

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 17, 1951, to 1/17, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert C. Muth

M. D.

2151-Wellington Ave

Jan 17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (If rural, give location)

Burial

1/20/51

New Cathedral Cem.

4300 Old Frederick

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

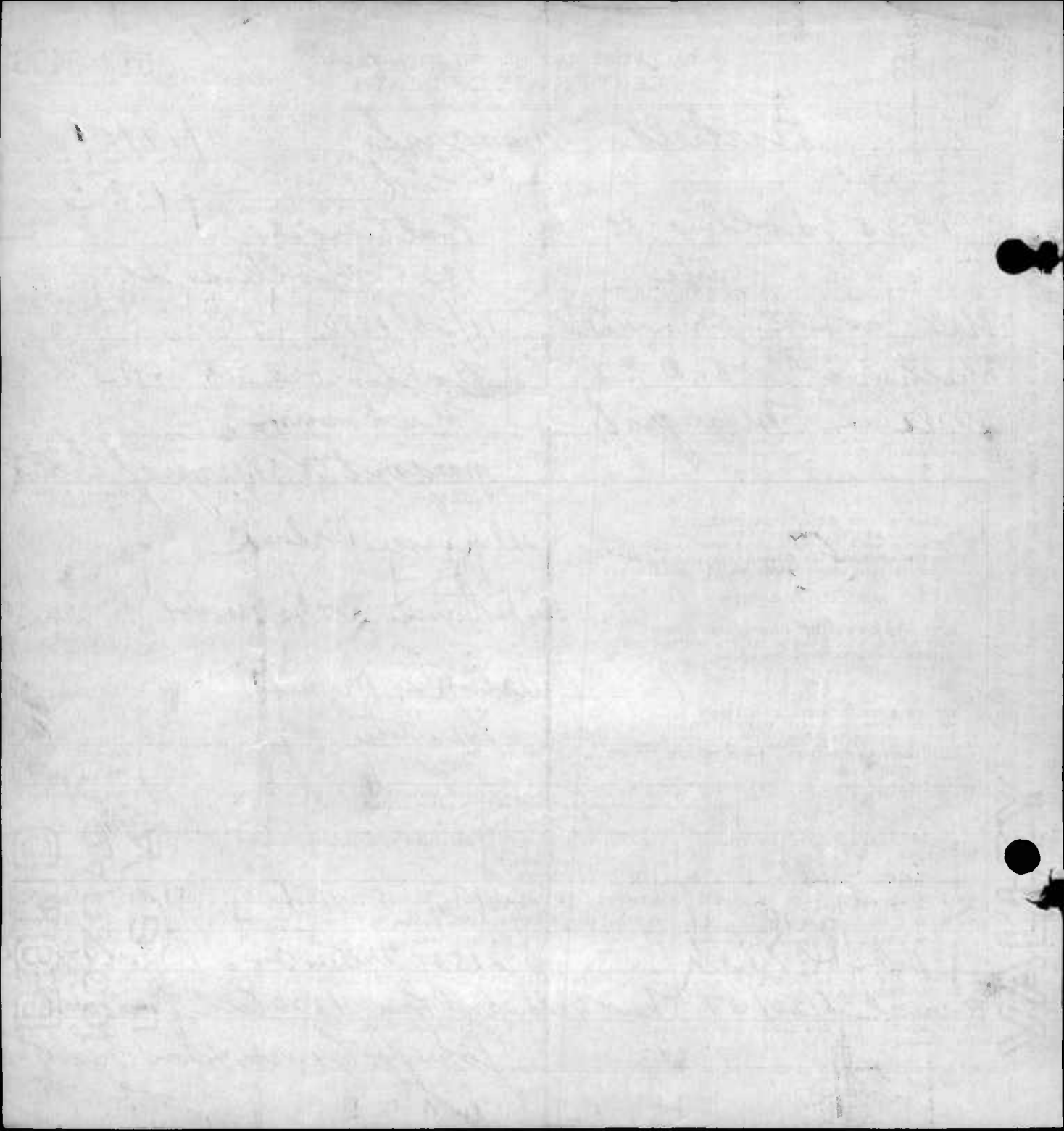
William Williams, M.D.

John F. Cowan & Son

Hollins

JAN 17 1951

93c St.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0497
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith V. B. Inderrieden

2. DATE
OF
DEATH Jan. 16, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2000 W. Franklin Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2000 W. Franklin Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 6, 1871

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Gartside

14. MOTHER'S MAIDEN NAME

Martha Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS
Joseph Quinn, 2000 W. Franklin Street

18. 432.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Right Hemiparesis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chr. Nephritis
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Chr. Angeroditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from July 13, 1949, to Jan 16, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George E. Shannon

23B. ADDRESS

120 Medical Arts Bldg

23C. DATE SIGNED

1/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/18/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

Brooklyn Park, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul Street

JAN 17 1951

VS 150

19510000496

131B

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WORLD
BOOKS
U.S.A.

00000

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

535
0498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 0498

1. NAME OF DECEASED (Type or Print) ELIZA SNOWDEN			2. DATE OF DEATH Jan. 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 15 Yrs.			D. STREET ADDRESS (If rural, give location) 1019 Pennsylvania Ave.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10 1887	9. AGE (in years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Rutland A.A.Co.Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Frank Parker			14. MOTHER'S MAIDEN NAME Harrett ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Eliza M. Watkins 1019 Penn.Ave		

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) ANTECEDENT CAUSES		
DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Williams		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 16, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/19/1951		24C. NAME OF CEMETERY OR CREMATORY Barley Heights Cem.	
24D. LOCATION (City, town, or county) A.A.CO.Md.					

DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR Elroy Wilson 1001 Beatty St	
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UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19

19

DATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

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DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 0499

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louella Sims Bouton

2. DATE
OF
DEATH

Jan. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4527 Keswick Road

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4527 Keswick Road

C. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

91

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Malcolm Marty

ADDRESS

301 Kendall Road

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis, generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to January, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Heggieh

23B. ADDRESS

5006 Roland Ave.

23C. DATE SIGNED

1 - 17 - 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1 - 18 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1951

REGISTRAR'S SIGNATURE

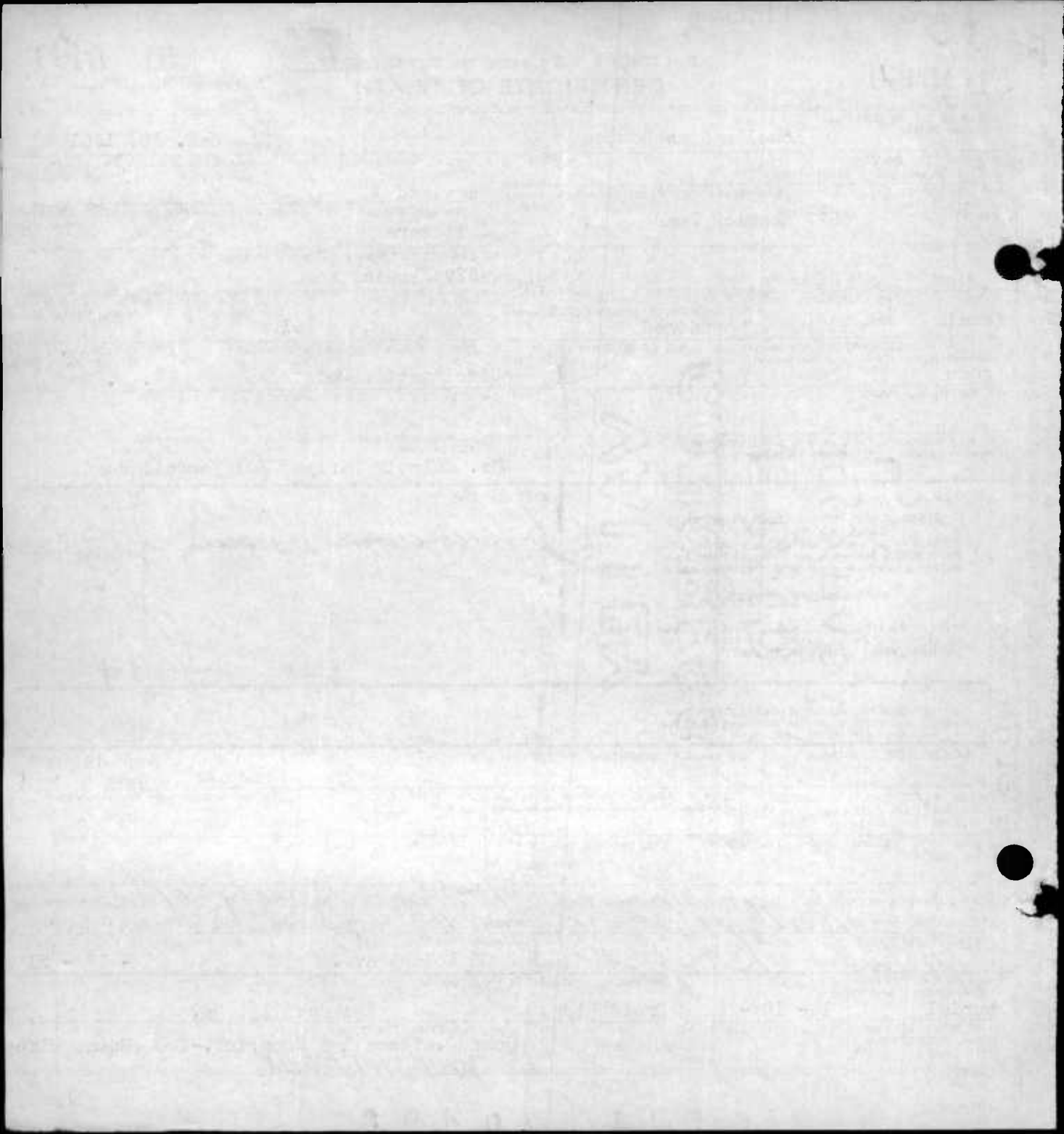
William L. Heggieh

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

John O. Mitchell



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 0500
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hester Ann Flautt

2. DATE
OF DEATH
Jan. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 4004 Park Heights Ave.C. Length of stay in Baltimore
life Yrs.
Mos.
Days5. SEX
female6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Fletcher E. Marine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE B. COUNTY

Maryland

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4004 Park Heights Ave.

8. DATE OF BIRTH

3 - 16 - 56

9. AGE (In years
last birthday)

94

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Hester Eleanor Knowles

17. INFORMANT

ADDRESS

Mrs. Jeanneta A. Flautt-4004 Park Hts. Ave.

18. 331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) General Anterior Chorea

(C) Senility

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to Jan. 16, 1951, that I last saw the
deceased alive on Jan. 15, 1951, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. 4012 Park Heights Ave.

1 - 17 - 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1 - 18 - 51

Baltimore

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

